## STATEMENT OF DILIGENT EFFORT

,	License #:
Name of Retail/Producing Agent  Name of Agency:	
Have sought to obtain:	
Specific Type of Coverage	for
Named Insured	from the following
authorized insurers currently writing this type of coverage:	
(1) Authorized Insurer:	$\leq \langle \alpha \rangle$
Person Contacted (or indicate if obtained online declination):	
Telephone Number/Email:	Date of Contact:
The reason(s) for declination by the insurer was (were) as follows (A	
(2) Authorized Insurer:	
Person Contacted (or indicate if obtained online declination):	
Telephone Number/Email:	Date of Contact:
The reason(s) for declination by the insurer was (were) as follows (A	ttach electronic declinations if applicable):
(3) Authorized Insurer:	
Person Contacted (or indicate if obtained online declination):	
Telephone Number/Email:	Date of Contact:
The reason(s) for declination by the insurer was (were) as follows (A	Attach electronic declinations if applicable):
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Signature of Retail/Producing Agent	Date
OR, by checking this box, I attest that I am familiar with the insurance market and market. I understand that the requirement to satisfy due diligence by documentati comprehensive search was made from a minimum of three admitted insurers shall the insurance market shall be maintained by the broker and must be current within	on that the coverage required was not procurable after a be waived. A written record documenting knowledge of
Signature of Producing Agent	Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections. Surplus lines agents must verify that a diligent effort form was completed by retaining a properly documented statement of diligent effort from the retail or producing agent. Declinations must be documented on a risk-by-risk basis.