Wyoming Insurance Department
Statement of Diligent Effort

106 East 6th Avenue
Cheyenne, WY 82002
(307) 777-7401

Insured's Name and Mailing Address
Name
Address City State Zip Code

Type of Insurance Coverage **Effective Date** **Policy Term Expiration Date**

I (Name of licensed Producer), declare under the penalty of perjury that I have procured the insurance coverage here described pursuant to Chapter 11, Title 26, of the Wyoming Insurance Code, and that the information contained in this Statement of Diligent Effort has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement. Furthermore, as the producing agent I have determined that:

1. A diligent effort has been made to procure the full amount of insurance required from admitted insurers which are authorized to transact, and actually writing, that kind and class of insurance in this state.

2. The insurance was not exported for the purpose of securing advantages for either a lower premium rate than would be accepted by an authorized insurer or because of the terms of the insurance contract.

Among the licensed insurers declining to accept this risk are the following three insurers:

1.
Admitted Insurer's Full Name Reason for Declining

Person Contact Phone No. Date Contacted

2.
Admitted Insurer's Full Name Reason for Declining

Person Contact Phone No. Date Contacted

3.
Admitted Insurer's Full Name Reason for Declining

Person Contacted Phone No. Date Contacted

_____ **WY Lic. No.:**
Signature of Licensed Producer

_____ **WY Lic. No.:**
Name of Producer's Agency (Type or Print)

_____ **WY Lic. No. :** 200113
Signature of individual Surplus Lines Broker

Date Verified by Surplus Lines Broker:

Surplus Lines Broker verification is required by W.S. 26-11-104(a)(ii). If the surplus lines broker is also the producing agent, the surplus lines broker is responsible for preparing the Statement of Diligent Effort. The completed Statement of Diligent Effort shall be retained by the Surplus Lines Broker for a period of five years following termination of the contract and is subject to examination by the commissioner.

Wyoming Insurance Department

Notice of Surplus Lines Insurance Placement

I, the undersigned insurance applicant, hereby affirm that, prior to placement of the below-referenced insurance coverage with a surplus lines insurer I have been advised of the following:

1. An insurer that is not licensed in the State of Wyoming is issuing the insurance policy that you have applied to purchase. These companies are called "nonadmitted" or "surplus lines" insurers.

2. The insurer is not subject to the financial solvency regulation and enforcement that applies to licensed insurers in this state.

3. These insurers do not participate in the insurance guaranty funds created by Wyoming law. These guaranty funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.

4. The policy forms, conditions, premiums and deductibles used by surplus lines insurers may be different from those found in policies issued by licensed insurance companies.

5. For additional information about the above matters and about the insurer, you should ask questions of your insurance producer or surplus lines broker. You may also contact the Wyoming Insurance Department.

Named Insured:

Insurance Applicant's Signature: _____ Date: _____

Surplus Lines Insurance Company:

Type of Insurance Coverage:

Effective Date of Coverage: to

Individual Insurance Producer:

Insurance Producer Firm:

As required by Wyo. Stat. § 26-11-109(b), the insurance applicant shall sign and date this notice acknowledging receipt. The insurance producer shall keep the original signed form in the insured's file and shall provide a copy of the signed form to the insurance applicant and the surplus lines broker.