



STATEMENT OF DUE DILIGENT EFFORT

PRODUCING AGENT :

LICENSE NUMBER :

NAME OF AGENCY :

Has Sought to Obtain

TYPE OF COVERAGE :

NAMED INSURED :

INSURERS CURRENTLY :
WRITING THIS TYPE
OF COVERAGE

CARRIER #1

AUTHORIZED INSURER :

PERSON :

TELEPHONE NUMBER :

DATE OF DECLINATION :

REASON (S) FOR :
DECLINATION

CARRIER #2

AUTHORIZED INSURER :

PERSON :

TELEPHONE NUMBER :

DATE OF DECLINATION :

REASON (S) FOR :
DECLINATION

CARRIER #3

AUTHORIZED INSURER :

PERSON :

TELEPHONE NUMBER :

DATE OF DECLINATION :

REASON (S) FOR :
DECLINATION

VERIFICATION

DOCUMENT VERIFIED BY
SURPLUS LINES AGENT : YES NO

DATE VERIFIED :

SIGNATURE OF PRODUCING AGENT: