



STATEMENT OF DUE DILIGENT EFFORT

Producing Agent:	
License #:	
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: _____