STATEMENT OF DILIGENT EFFORT

,Name of Retail/Producing Agent	License #:
Name of Agency:	
Have sought to obtain:	
Specific Type of Coverage	f
Named Insured	
authorized insurers currently writing this type of coverage:	from the following
(1) 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 follo	WS (Attach electronic declinations if applicable):
(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 follo	WS (Attach 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 follo	OWS (Attach electronic declinations if applicable):
81	0
Signature of Retail/Producing Agent	Date
OR, by checking this box, I attest that I am familiar with the insurance mari market. I understand that the requirement to satisfy due diligence by docu comprehensive search was made from a minimum of three admitted insure the insurance market shall be maintained by the broker and must be currer	ers shall be waived. A written record documenting knowledge of