STATEMENT OF DILIGENT EFFORT

,Name of Retail/Producing Agent	License #:
Name of Agency:	
Have sought to obtain:	
Specific Type of Coverage	fo
Named Insured	from the following
authorized insurers currently writing this type of coverage:	
(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 follow	vs (Attach electronic aeclinations 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 follow	VS (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	WS (Attach electronic declinations if applicable):
	0
Signature of Retail/Producing Agent	Date
OR, by checking this box, I attest that I am familiar with the insurance marke market. I understand that the requirement to satisfy due diligence by docum comprehensive search was made from a minimum of three admitted insurer.	entation that the coverage required was not procurable after a
the insurance market shall be maintained by the broker and must be current	
Signature of Producing Agent	Date