STATEMENT OF DILIGENT EFFORT

I,	License #:
Name of Retail/Producing Agent	
Name of Agency:	
Have sought to obtain:	
Specific Type of Coverage	for
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 follows	
(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 follows	(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 follows	(Attach electronic declinations if applicable):
187	0
Signature of Retail/Producing Agent	Date
OR, by checking this box, I attest that I am familiar with the insurance is admitted market or I have accepted an affidavit by the retail producer is satisfy due diligence by documentation that the coverage required was made from a minimum of three admitted insurers shall be waived. A w. market shall be maintained by the broker and must be current within 9	attesting to such. I understand that the requirement to s not procurable after a comprehensive search was ritten record documenting knowledge of the insurance

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections. Surplus lines agents must verify that a diligent effort form was completed by retaining a properly documented statement of diligent effort from the retail or producing agent. Declinations must be documented on a risk-by-risk basis.