

STATEMENT OF DILIGENT EFFORT

NAME OF AGENCY: _____

HAS SOUGHT TO OBTAIN:

TYPE OF COVERAGE (incl all lines of coverage) _____ FOR

NAMED INSURED: _____ FROM THE FOLLOWING
AUTHORIZED INSURERS CURRENTLY WRITING THIS TYPE OF COVERAGE IN THE STATE OF:

1 AUTHORIZED INSURER: _____

PERSON CONTACTED: _____

TELEPHONE NUMBER: _____

DATE OF CONTACT: _____

THE REASONS FOR DECLINATION BY THE INSURER WERE AS FOLLOWS:

2 AUTHORIZED INSURER: _____

PERSON CONTACTED: _____

TELEPHONE NUMBER: _____

DATE OF CONTACT: _____

THE REASONS FOR DECLINATION BY THE INSURER WERE AS FOLLOWS:

3 AUTHORIZED INSURER: _____

PERSON CONTACTED: _____

TELEPHONE NUMBER: _____

DATE OF CONTACT: _____

THE REASONS FOR DECLINATION BY THE INSURER WERE AS FOLLOWS:

SIGNATURE OF PRODUCING AGENT: _____

PRINTED NAME OF PRODUCING AGENT: _____

LICENSE NUMBER OF PRODUCING AGENT: _____ STATE: _____