

STATEMENT OF DILIGENT EFFORT

NAME OF AGENCY: _____

HAS SOUGHT TO OBTAIN:

TYPE OF COVERAGE _____ FOR

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

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: _____