Joseph Krar & Associates, Inc.

DUE DILIGENCE FORM – CONNECTICUT

Make this form completely fillable! Use the link below or scan the QR code: http://jkrar.com/ct-due-diligence/



Producing Agent:		CT Producer License Number:
Producing Agency:		CT Agency License Number:
Producing Ag	ent has sought to obtain:	
Туре о	f Coverage:	
Amour	nt of Coverage:	
🗆 Thi	s amount is the excess over any amount th	at was able to be procured from a licensed insurer.
Named	Insured:	
Insure	d Location:	
Produc	er's Service Fee* (if any):	
		* Maximum Service Fee allowed in CT is \$250 including JKA's
From the follo	owing authorized insurers currently wri	ting this type of coverage:
1. Au	thorized Insurer:	
Per	rson Contacted:	Title of Person Contacted:
Pho	one Number:	Date Contacted:
Rea	ason for Declination by this Insurer:	
2. Au	thorized Insurer:	
Per	rson Contacted:	Title of Person Contacted:
Pho	one Number:	Date Contacted:
Rea	ason for Declination by this Insurer:	
3. Au	thorized Insurer:	
Per	rson Contacted:	Title of Person Contacted:
Pho	one Number:	Date Contacted:
Rea	ason for Declination by this Insurer:	
Signature of Producing Agent:		Date:

By completing and signing this form, Agent warrants Producer & Agency Licenses are active and in good standing with the Connecticut Insurance Department.