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.