

DUE DILIGENCE FORM – CONNECTICUT



Producing Agent: _____ CT Producer License Number: _____

Producing Agency: _____ CT Agency License Number: _____

Producing Agent has sought to obtain:

Type of Coverage: _____

Amount of Coverage: _____

This amount is the excess over any amount that was able to be procured from a licensed insurer.

Named Insured: _____

Insured Location: _____

JKA Policy Fee: _____

Producing Agent's Service Fee* (if no fee is charged, please state \$0): _____

* Maximum Service Fee allowed in CT is \$250 including JKA's

From the following authorized insurers currently writing this type of coverage:

1. Authorized Insurer: _____

Person Contacted: _____ Title of Person Contacted: _____

Phone Number: _____ Date Contacted: _____

Reason for Declination by this Insurer: _____

2. Authorized Insurer: _____

Person Contacted: _____ Title of Person Contacted: _____

Phone Number: _____ Date Contacted: _____

Reason for Declination by this Insurer: _____

3. Authorized Insurer: _____

Person Contacted: _____ Title of Person Contacted: _____

Phone Number: _____ Date Contacted: _____

Reason for Declination by this Insurer: _____

Signature of Producing Agent: _____

Date: _____