

**DUE DILIGENCE FORM – CONNECTICUT**



Producing Agent: \_\_\_\_\_ CT Producer License Number or NPN: \_\_\_\_\_

Producing Agency: \_\_\_\_\_ CT Agency License Number or NPN: \_\_\_\_\_

**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 OR 5% of premium not to exceed \$500 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:** \_\_\_\_\_

By signing this form, the agent hereby warrants and affirms that they are duly licensed to solicit, negotiate, and sell insurance in all jurisdictions relevant to this application. The agent further certifies that their license is active, in good standing, and appropriate for the type of insurance being applied for.