

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ Producer License Number or NPN _____

Producing Agency _____ Agency License Number or NPN _____

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 reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent

Printed or Typed Name of Producing Agent

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.