

## Statement of Diligent Effort

Name of Agency: \_\_\_\_\_  
(Full Name of Agency Required)

Has sought to obtain the following type of coverage (include all lines of coverage):

\_\_\_\_\_

For Named Insured: \_\_\_\_\_

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

\_\_\_\_\_

1. Authorized Insurer: \_\_\_\_\_ NAIC #: \_\_\_\_\_

a. Person Contacted: \_\_\_\_\_

b. Telephone Number: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

c. The reasons for declination by the insurer were as follows:

\_\_\_\_\_

2. Authorized Insurer: \_\_\_\_\_ NAIC #: \_\_\_\_\_

a. Person Contacted: \_\_\_\_\_

b. Telephone Number: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

c. The reasons for declination by the insurer were as follows:

\_\_\_\_\_

3. Authorized Insurer: \_\_\_\_\_ NAIC #: \_\_\_\_\_

a. Person Contacted: \_\_\_\_\_

b. Telephone Number: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

a. The reasons for declination by the insurer were as follows:

\_\_\_\_\_

***\*Please note the NAIC # is required for the following states: Indiana and Tennessee.***

Signature of Producing Agent: \_\_\_\_\_

Printed Name of Producing Agent: \_\_\_\_\_

License # of Producing Agent: \_\_\_\_\_ State: \_\_\_\_\_