

# 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: \_\_\_\_\_