

# EVIDENCE OF GOOD FAITH EFFORT TO PLACE

Surplus Line Association of Utah  
6711 South 1300 East  
Salt Lake City, Utah 84121  
(801) 944-0114

This form is to be used to document the efforts made by the surplus line producer (and/or producing agent) to place the insurance coverage concerned with an admitted insurer before approaching the surplus lines insurer.

Policy # \_\_\_\_\_ Name of Insured \_\_\_\_\_

List the admitted insurers contacted:

Name of Insurer	Name of Underwriter	Phone or Email
1. _____		
Reason for declining: _____		
_____		
2. _____		
Reason for declining: _____		
_____		
3. _____		
Reason for declining _____		
_____		

Provide any further explanation about the insured and your effort to place the insurance with an admitted insurer which would help support the need to place the policy in with a surplus lines insurer. Explain why you consider this to be reasonable evidence of a good faith effort to place the coverage with an admitted insurer. Attach additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature – producing agent

\_\_\_\_\_  
Signature – surplus line producer