

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

**AFFIDAVIT BY INSURED**

I (We) \_\_\_\_\_ of  
\_\_\_\_\_  
(street) (city or town) (state) (zip code)  
state that on \_\_\_\_\_, 2\_\_\_\_, I(we) directed  
\_\_\_\_\_, a licensed Rhode Island  
insurance producer, to obtain insurance against the risk(s) as described below. He(she)  
informed me(us) that the required insurance could not be obtained from insurers licensed  
to transact business in the State of Rhode Island. He(she) informed me(us) that he(she)  
made a diligent effort to procure the insurance from licensed insurers, but was(were)  
unable to do so. I(we) therefore directed (my)our insurance producer to obtain said  
insurance from such approved Surplus Lines Insurers through the office of  
\_\_\_\_\_ a licensed Rhode Island Surplus Line  
Broker.

**NOTICE**

**THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.**

\_\_\_\_\_  
Insured

Risk(s) Insured: \_\_\_\_\_  
Line of Business: \_\_\_\_\_  
Amount of Insurance: \_\_\_\_\_  
Name of Approved Surplus Lines Insurer(s): \_\_\_\_\_  
\_\_\_\_\_  
Policy Number, Term and Expiration Date: \_\_\_\_\_  
\_\_\_\_\_  
Premium: \_\_\_\_\_  
Surplus Lines Broker License Number: \_\_\_\_\_