Statement of Diligent Effort

Name of Agency (full agency name 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:

_____

If the declination was obtained ONLINE, the Person Contacted should reflect "ONLINE DECLINATION".

If the declination was obtained ONLINE, the Telephone Number should reflect the Website Address of the carrier.

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

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

    _____

Signature of Producing Agent: _____

Printed Name of Producing Agent: _____

License # of Producing Agent: _____ State: _____