

## 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:

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

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

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