

# The Surplus Line Association of California DILIGENT SEARCH REPORT (SL-2 FORM)

Before completing this report, please review the instructions on page 2.

I, \_\_\_\_\_, hereby submit that I performed or supervised this diligent search, and I am:

①

(A) licensed as an individual agent-broker for the applicable lines of insurance or surplus line broker under California license number \_\_\_\_\_; **OR**

(B) licensed and an endorsee on the license of \_\_\_\_\_  
(Full Name of Organization), California license number \_\_\_\_\_

②

(A) Name of Insured: \_\_\_\_\_

(B) Description of Risk: \_\_\_\_\_  
(e.g., Tattoo Parlor, Cannabis Dispensary, Vacant Building, **NOT TYPE OF COVERAGE**)

(C) Type of Insurance or Coverage Code: \_\_\_\_\_

Describe the diligent efforts made to place this coverage with admitted insurers by completing (A) or, if applicable, (B) below.

③

(A) List the insurers admitted in California who actually write the type of insurance described on lines 2(B) and 2(C) to which you or someone under your supervision submitted the risk described in lines 2(A) through 2(C). Please complete **ALL** sections of the table below.

INSURER ①		INSURER ②		INSURER ③	
NAIC ID	MONTH, YEAR OF DECLINATION	NAIC ID	MONTH, YEAR OF DECLINATION	NAIC ID	MONTH, YEAR OF DECLINATION
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>FULL NAME OF ADMITTED INSURER</b>		<b>FULL NAME OF ADMITTED INSURER</b>		<b>FULL NAME OF ADMITTED INSURER</b>	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
<b>CONTACT INFORMATION</b>		<b>CONTACT INFORMATION</b>		<b>CONTACT INFORMATION</b>	
<b>FULL NAME</b>		<b>FULL NAME</b>		<b>FULL NAME</b>	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
<b>PHONE / EMAIL</b>		<b>PHONE / EMAIL</b>		<b>PHONE / EMAIL</b>	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
<b>OR WEBSITE</b>		<b>OR WEBSITE</b>		<b>OR WEBSITE</b>	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

(B) If you did not list at least three insurers in 3(A) above, describe in detail how you determined that fewer than **THREE** admitted insurers write the type of insurance described on lines 2(B) and 2(C). \_\_\_\_\_

④

Is the type of insurance you are reporting as identified in line 2(C) **private passenger automobile liability or health**? Yes  No

If you answered "yes," please complete the [Diligent Search Report Addendum](#).

The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a non-admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

\_\_\_\_\_  
(Signature of Licensee Named on Line 1)

\_\_\_\_\_  
(Date)