

STATEMENT OF DILIGENT EFFORT

COMPLETION OF THIS FORM IS MANDATORY PRIOR TO CONFIRMATION OF
BINDING

Producing Agent _____ License No. _____

Name of Agency _____

Has sought to obtain:

Type of Coverage _____ for

Named Insured _____ from the following authorized

Insurers currently writing this type of coverage:

(1) Authorized Insurer _____

Person Contacted _____

Telephone Number _____

Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____

Person Contacted _____

Telephone Number _____

Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____

Person Contacted _____

Telephone Number _____

Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent

Printed/Typed Name of Producing Agent