

**STATEMENT OF DILIGENT EFFORT
SURPLUS LINES AFFIDAVIT**

PRODUCING AGENCY: _____

PRODUCING AGENT: _____

PRODUCING AGENT LICENSE: _____ STATE: _____
has sought to obtain:

TYPE OF COVERAGE: _____ for

NAMED INSURED: _____ from the following:
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____ NAIC# _____

Person contacted: _____

Telephone Number: _____ Date of Contact: _____

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

(2) Authorized Insurer: _____ NAIC# _____

Person contacted: _____

Telephone Number: _____ Date of Contact: _____

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

(3) Authorized Insurer: _____ NAIC# _____

Person contacted: _____

Telephone Number: _____ Date of Contact: _____

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

Signature of Producing Agent

Date