

PRODUCING BROKER'S SURPLUS LINES AFFIDAVIT OF DUE DILIGENCE

Name of Insured	Address of Insured

I _____, hereby submit that he/she is: (A) Duly licensed under the State Department of Insurance License number _____;

OR

(B) Duly licensed and authorized to act as an endorsee on the organizational license of _____, State Department of Insurance License Number _____; and (C) that h/she or said organizational licensee was engaged by the insured named herein, or the insured's broker, to obtain insurance as described in this report; and (D) is the licensee who performed or supervised this diligent search.

I was unable to obtain the required insurance with insurers licensed to transact business in the State of _____. A diligent effort has been made on behalf of the insured to procure the insurance from insurers licensed to insure these risks in this State. The following insurers, licensed to write the type of insurance which is the subject of this affidavit, have declined the coverage referenced above.

Name of Admitted Company/State NAIC Code	Full Name & Phone Number of Contact	Month/Year of Declination	Declination Code* (see below)
1. _____ NAIC #:	Name: _____ Phone: _____ OR Online Declination Website Address:		
2. _____ NAIC #:	Name: _____ Phone: _____ OR Online Declination Website Address:		
3. _____ NAIC #:	Name: _____ Phone: _____ OR Online Declination Website Address:		

***Declination Codes:** 1 - No Market 2 - Underwriting Reason 3 - Other (describe)

AFFIRMATION

I _____, am the licensee or sub-licensee of the named broker of this affirmation and I hereby affirm under penalties of perjury that all of the information contained herein is true to the best of my knowledge and belief.

Signature of Affiant _____ Date _____