

# Diligent Effort Confirmation Form



---

Insured		Coverage Type	
Insured Address		Policy Period	

It is a requirement of the surplus lines licensee to verify that a diligent effort has been made among admitted insurers writing coverage of this type prior to any non-admitted placement.

Full Insurer Name		NAIC#	
Representative Full Name		Date of Declination	
Representative Phone		Reason for Declination	

Full Insurer Name		NAIC#	
Representative Full Name		Date of Declination	
Representative Phone		Reason for Declination	

I certify that the foregoing statements made by me are true to the best of my knowledge and belief. Below is my license information for the home state determined for this placement.

---

\_\_\_\_\_  
Licensee Name

---

\_\_\_\_\_  
Date

---

\_\_\_\_\_  
Licensee Signature