



**Diligent Effort Affidavit
 STATE OF COLORADO**

_____ (Name of Licensed Producer) declares he/she is the holder of a current Colorado Producer's License Number _____. The policy appearing on this affidavit has been produced and placed by a Colorado Licensed Surplus Lines Producer.

The licensed surplus lines broker, and pursuant to Regulation 2-4-1, has relied upon the producing Colorado Licensed Producer to determine that the full amount of insurance required was not procurable, after diligent effort has been made to do so from among at least three (3) admitted insurers authorized to and actually transacting that line of business in this state or that the coverage was not procurable because there were less than three (3) insurers authorized to and actually transacting that line of business in the State of Colorado. **Please list the three admitted insurers that declined to place the coverage:**

1. _____
2. _____
3. _____

Further, that placing the insurance in a non-admitted insurer was not for the purpose of securing a lower premium rate than that which would be acceptable by an admitted insurer unless the premium rate quoted by the admitted insurer must be ten (10%) percent higher than that rate quoted by the non-admitted insurer and the policy benefits and provisions within the policies being compared, between the two insurers, shall be comparable.

The following coverage is placed in approved, non-admitted insurer in compliance with the Surplus Lines Insurance Act, subsection 10-5-108, Colorado Revised Statutes. This original executed form must be kept on file with the licensed surplus lines broker and made available to the Division of Insurance upon request.

 (Printed Name and Signature of Licensed Producer) Ph # (Date)

 (Printed Name and Signature of Surplus Lines Broker) License Number Ph # (Date)

INSURED DATA

Name of Insured: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Filing Type: _____ (New, renewal, endorsement, audit)
 Policy Period: _____ (MM/DD/YY) to _____ (MM/DD/YY)
 Type of Insurance: _____ Policy Number: _____
 Surplus Line Company Issuing Policy: _____

Diligent Effort Affidavit Revised 01/2015

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