



Wyoming Insurance Department

Statement of Diligent Effort

106 East 6th Avenue
 Cheyenne, WY 82002
 (307) 777-7401

Insured's Name and Mailing Address

Name
 Address City State Zip Code

Type of Insurance Coverage	Effective Date	Policy Term Expiration Date
-----------------------------------	-----------------------	--

I _____ (Name of licensed Producer), declare under the penalty of perjury that I have procured the insurance coverage here described pursuant to Chapter 11, Title 26, of the Wyoming Insurance Code, and that the information contained in this Statement of Diligent Effort has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement. Furthermore, as the producing agent I have determined that:

1. A diligent effort has been made to procure the full amount of insurance required from admitted insurers which are authorized to transact, and actually writing, that kind and class of insurance in this state.
2. The insurance was not exported for the purpose of securing advantages for either a lower premium rate than would be accepted by an authorized insurer or because of the terms of the insurance contract.

Among the licensed insurers declining to accept this risk are the following three insurers:

- | | | | |
|----|------------------------------|----------------------|----------------|
| 1. | Admitted Insurer's Full Name | Reason for Declining | |
| | Person Contact | Phone No. | Date Contacted |
| 2. | Admitted Insurer's Full Name | Reason for Declining | |
| | Person Contact | Phone No. | Date Contacted |
| 3. | Admitted Insurer's Full Name | Reason for Declining | |
| | Person Contacted | Phone No. | Date Contacted |

Signature of Licensed Producer **WY Lic. No.:**

Name of Producer's Agency (Type or Print) **WY Lic. No.:**

Signature of individual Surplus Lines Broker **WY Lic. No. :**

Date Verified by Surplus Lines Broker:

Surplus Lines Broker verification is required by W.S. 26-11-104(a)(ii). If the surplus lines broker is also the producing agent, the surplus lines broker is responsible for preparing the Statement of Diligent Effort. The completed Statement of Diligent Effort shall be retained by the Surplus Lines Broker for a period of five years following termination of the contract and is subject to examination by the commissioner.



Wyoming Insurance Department
Surplus Lines Notice to Insured

106 East 6th Avenue
Cheyenne, WY 82002
(307) 777-7401

Named Insured: _____

Surplus Lines Insurance Company: _____

Policy Effective Date: _____ Expiration Date: _____

I, _____, hereby affirm that, prior to placement of the above-referenced insurance coverage with a surplus lines insurer I have been advised that:

- (i) The insurer with which the surplus lines broker places the insurance is not licensed by this state and is not subject to its supervision; and
- (ii) In the event of the insolvency of the surplus lines insurer, losses will not be paid by the Wyoming Insurance Guaranty Association.

I further understand that the policy forms, conditions, premiums and deductibles used by surplus lines insurers may be different from those found in policies used by admitted insurance companies.

Signature of Named Insured

Date

Title

As required by Wyo. Stat. § 26-11-109(b), a copy of this form shall be retained by the surplus lines broker.