

EVIDENCE OF DILIGENT SEARCH

This form is to be used to document the efforts made by the producing agent to place the insurance coverage concerned with an admitted insurer before approaching the surplus lines insurer.

Policy # _____ Name of Insured _____

List the admitted insurers contacted:

Name of Insurer _____ **Name of Underwriter** _____ **Phone #** _____

1. _____

Reason for Declination:

Name of Insurer _____ **Name of Underwriter** _____ **Phone #** _____

2. _____

Reason for Declination:

Name of Insurer _____ **Name of Underwriter** _____ **Phone #** _____

3. _____

Reason for Declination:

Please provide any additional explanation and efforts to place this insurance with an admitted insurer that would help support the need to place the policy with a Surplus Lines Company.

Signature-Producing Agent

Date

Please Send Completed Form to your Surplus Lines Wholesaler