GENERIC DILIGENT EFFORT FORM

I, _____ , License #: _____
[Name of Retail / Producing Agent]

Name of Agency: _____

Have sought to obtain Specific Type of Coverage _____ for

Named Insured _____ from

the following authorized insurers currently writing this type of coverage:

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(1) Authorized Insurer: _____ **NAIC #** _____

Person Contacted (*or indicate if obtained online declination*): _____

The reason(s) for declination by the Insurer was (were) as follows (*attach electronic declinations, if applicable*)**:**

_____

(2) Authorized Insurer: _____ **NAIC #** _____

Person Contacted (*or indicate if obtained online declination*): _____

The reason(s) for declination by the Insurer was (were) as follows (*attach electronic declinations, if applicable*)**:**

_____

(3) Authorized Insurer: _____ **NAIC #** _____

Person Contacted (*or indicate if obtained online declination*): _____

The reason(s) for declination by the Insurer was (were) as follows (*attach electronic declinations, if applicable*)**:**

_____

Signature of Retail / Producing Agent: _____ Date: _____