

GENERIC DILIGENT EFFORT FORM

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

[Retail / Producing Agency Name]

Have sought to obtain Specific Type of Coverage _____ for
Named Insured _____ from

The following authorized insurers currently writing this type of coverage:

#1 Admitted Carrier Name _____ NAIC # _____

☐ I spoke to _____ Title _____
Phone Number _____ Email Address _____

☐ I received an online declination Website _____
Date Declination Received _____
Reason for declination _____

#2 Admitted Carrier Name _____ NAIC # _____

☐ I spoke to _____ Title _____
Phone Number _____ Email Address _____

☐ I received an online declination Website _____
Date Declination Received _____
Reason for declination _____

#3 Admitted Carrier Name _____ NAIC # _____

☐ I spoke to _____ Title _____
Phone Number _____ Email Address _____

☐ I received an online declination Website _____
Date Declination Received _____
Reason for declination _____