CONNECTICUT INSURED ACKNOWLEDGEMENT AND DILIGENT EFFORT

Policy Detail Section

Producing Broker _____ CT License Number _____

Producing Agengy _____ CT License Number _____

Insured Name _____

Location of Risk _____

Type of Coverage _____ Risk Description _____

SL Carrier(s) _____

Policy Limit _____ Premium _____ Carrier Fee _____

Broker Service Fee _____ Producer Service Fee _____

Statement by Insured

I/We directed the licensed producing agent named on this Surplus Lines Statement to obtain insurance coverage described herein; that I/We were informed by said producing agent that he/she made a diligent effort to place this risk with licensed insurers authorized to transact the class of insurance involved and which accept in the usual course of business, insurance on risks of the same class as the risk described herein; and that said companies accepted only part of or no part of the required

I/We, were further informed by said producing agent that the amount of insurance indicated herein could be obtained from certain insurers not licensed to transact business in the State of Connecticut. I/We therefore directed the producing agent named herein to obtain said insurance though the office of the licensed Surplus Lines Broker named herein. I/We have been advised by the producing agent named herein that such insurance represents only the excess over the amounts procurable from licensed insurers or the Connecticut residual market. I/We have been advised that, in addition to commissions, I/We will be charged a service fee as set out above.

Signature of Insured Date

Diligent Effort Information

☐ ***Coverage is on the Exportable List, no Diligent Effort required.***

☐ ***Diligent Effort Required*** *Broker must have evidence of declination by three licensed insurers and ineligibility for any residual market mechanism on hand per 38a-741 C.S.G*

1 Admitted Carrier Name _____ NAIC # _____

Underwriter Name _____ Date of Declination _____

Declination Reason _____

2 Admitted Carrier Name _____ NAIC # _____

Underwriter Name _____ Date of Declination _____

Declination Reason _____

3 Admitted Carrier Name _____ NAIC # _____

Underwriter Name _____ Date of Declination _____

Declination Reason _____

I, as a licensed Surplus Lines Broker, authorized to transact insurance with the surplus lines insurer(s) named on this Surplus Lines Statement, depose and declare under the penalties provided for false statements that the diligent effort has been made to procure said insurance coverage from licensed insurers which are authorized to transact the class of insurance involved and which accept in the usual course of business, insurance on risks of the same class described herein. This insurance has been procured with the surplus lines insurer(s) named on this Surplus Lines Statement, which insurance is only the excess over amounts procurable from licensed insurers.

Signature of Surplus Lines Broker Date