

## GENERIC DILIGENT EFFORT FORM

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

with \_\_\_\_\_ License #: \_\_\_\_\_  
[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 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_