

Surplus Lines Diligent Search Form

Name of Licensed Surplus Lines Producer Signing the Form	National Producer Number
Name of Licensed Surplus Lines Producer Business Entity (If a business entity is involved)	Insured Policy Number

The insurance producer must read the following very carefully before signing.

I, the insurance producer signing this statement, attest the following:

- I am currently licensed as a surplus lines insurance producer under Iowa statutes.
- I have conducted a diligent search of the insurers licensed to do business in Iowa and I was unable to procure the full amount or type of insurance from an admitted insurer.
- In order to procure the required insurance for the insured, it has been necessary to place the coverage with an eligible surplus lines insurer or insurers meeting the requirements of 515I.4
- That I have delivered to the insured, within 30 days of the date the policy being issued, a notice that states the following: "This policy is issued, pursuant to Iowa Code chapter 515I, by an eligible surplus line insurer in Iowa and as such is not covered by the Iowa Insurance Guaranty Association."
- I am compliant with the requirements of Iowa Code 515I and Iowa Administrative Code Chapter 191-21.

Three admitted companies who declined to insure this risk	NAIC Company Code	Reason(s) if known to the producer for declination

Copy of declinations attached Yes____ No____

By signing this statement I hereby certify that, under penalty of perjury, all of the information in this statement is true and the information in this form is correct. I am aware that submitting false information or omitting pertinent or material information to the Iowa Insurance Division is grounds for license revocation and may subject me to civil or criminal penalties.

Signature of Licensed Producer: _____

Dated: _____