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: _____

Updated 7/3/2024