

DILIGENT SEARCH STATEMENT

To: Insurance Commissioner, State of Oregon

Insured Name: _____

Policy Number: _____

Policy Inception Date: _____

Policy Expiration Date: _____

Type of Coverage Provided: _____

I have determined that, as per the definition as stated in the federal *Nonadmitted and Reinsurance Reform Act of 2010 Sec. 527*, Oregon is the “home state” for this policy. (A copy of the federal *Nonadmitted and Reinsurance Reform Act of 2010* can be viewed online at www.OregonSLA.org under “Publications”).

The Insured was expressly advised prior to placement of this insurance in the **SURPLUS LINE MARKET** that:

- A. The Surplus Lines insurer with whom the insurance was placed is not licensed in this state and is not subject to its supervision.
- B. In the event of the insolvency of the **SURPLUS LINES** insurer, losses will not be paid by the **STATE INSURANCE GUARANTY FUND**.



Select (check) Statement 1, Statement 2, ~~OR~~ Statement 3:

☐ **Statement 1:**

I hereby certify that I have made a diligent effort to place this insurance with companies admitted to write business in Oregon for this class. I am unable to place the full amount or kind of insurance with companies admitted to transact and who are actually writing the particular kind and class of insurance in this state. I am therefore placing this insurance in the **SURPLUS LINE MARKET**.

☐ **Statement 2:**

I have determined that the insured is currently registered with Oregon as a **Risk Purchasing Group (RPG)**, to purchase liability insurance on a group basis, and that this policy placement is exempt from the Diligent Search requirement.

☐ **Statement 3:**

I have determined that, as per the definition as stated in the *Nonadmitted and Reinsurance Reform Act of 2010 Sec. 527*, this insured is an **exempt commercial purchaser**, that the requirements as set forth in the federal *Nonadmitted and Reinsurance Reform Act of 2010 Sec. 525* have been complied with, and that this policy placement is exempt from the Diligent Search requirement. (A copy of the federal *Nonadmitted and Reinsurance Reform Act of 2010* can be viewed online at www.OregonSLA.org under “Publications”).

Printed Name of Producing Agent _____

Signature of Producing Agent _____

Printed Name of Agency _____

Date Signed _____