# DILIGENT SEARCH STATEMENT

To: **Insurance Commissioner, State of** Pennsylvania *(Insured's Home State)*

Insured Name: _____

Policy Number: _____

Policy Inception Date: _____

Policy Expiration Date: _____

Type of Coverage Provided: _____

I _____ of _____
*(Producer/Agent)* *(Agency Name)*
hereby certify that I have made diligent effort to place this insurance with companies admitted to write business in the state of Pennsylvania (insured's state) 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 LINES MARKET.**

The Insured was expressly advised prior to placement of this insurance in the ***SURPLUS LINES 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 insolvency of the **SURPLUS LINES** insurer, losses will not be paid by the **STATE INSURANCE GUARANTY FUND**.

Printed Name of Producing Agent: _____

Signature of Producing Agent: _____

Printed Name of Agency: _____

Date Signed: _____