

## **Statement of Diligent Effort**

To: Insurance Commissioner

State of \_\_\_\_\_ *(State insured is located in)*

Insured Name: \_\_\_\_\_

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 \_\_\_\_\_ 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 the insolvency of the **SURPLUS LINES** insurer, losses will not be paid by the **STATE INSURANCE GUARANTY FUND**.

Signature of Producing Agent: \_\_\_\_\_

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