

**IOWA DUE DILIGENT SEARCH FORM**

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

The following authorized insurers, writing this particular kind and class of insurance in Iowa declined to accept this risk or accepted only the portion(s) shown:

Name of Insurer

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name and title of the person who conducted the diligent search that resulted in the declinations listed above.

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Name and Address of Agency