

GENERIC DILIGENT EFFORT FORM

I, _____, License #: _____
[Name of Retail/Producing Agent]

Name of Agency: _____

Have sought to obtain Specific Type of Coverage _____ for
Named Insured _____ from
the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted (*or indicate if obtained online declination*): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the Insurer was (were) as follows (*attach electronic declinations, if applicable*):

(2) Authorized Insurer: _____

Person Contacted (*or indicate if obtained online declination*): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was as follows (*Attach electronic declinations if applicable*):

(3) Authorized Insurer: _____

Person Contacted (*or indicate if obtained online declination*): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (*Attach electronic declinations if applicable*):

Signature of Retail/Producing Agent: _____ Date: _____