

STATE OF TENNESSEE
EVIDENCE OF COMPLIANCE
THREE DECLINING INSURERS

If coverage is available through Residual Market Mechanism, State the reason(s) the Insured is not eligible or attach declination.

THREE LICENSED INSURERS WHO DECLINED & NAIC #

Reason(s) (1) _____ (1) _____
(2) _____ (2) _____
(3) _____ (3) _____

Copy of declinations attached Yes ___ No ___

Name of Risk _____ Producing Agent _____

Signature _____ Date _____