



Offices of the West Virginia Insurance Commissioner

Due Diligence Form (Form DDF – Revised 8/09)

New Renewal Rewrite Customer ID #

This form must be forwarded to the licensed surplus lines licensee placing the risk in the surplus lines market and **must be retained** in his or her office and may be examined at any time by the commissioner pursuant to W.Va. C.S. R. §114-20-4.2(a) and §114-20-4.5.

1. _____ hereby submits that he/she is a duly licensed individual insurance producer under West
Producer Name (Type or Print)

Virginia Offices of the Insurance Commissioner license number _____

2. Risk Description

(A) Insured Name _____
Type or Print

(B) Address of Insured _____
Street and Number, City, State, Zip

(C) Description of Risk _____
e.g. Laundromat, Liquor Store. (Do Not List Type of Coverage)

(D) Location of Risk _____
Street and Number, City, State, Zip

(E) Type of Coverage _____

3. Is the type of coverage described on lines 2(C) and 2(E) on the current West Virginia Export List for both the type of insurance and the location in the State? YES NO

If you answered NO, continue to Number 4 below.

4. I declare under penalty of perjury, that I have made a diligent search to procure the insurance coverage described above for licensed insurers in West Virginia which are authorized to transact the kind of insurance involved and which provide, in the course of business, coverage comparable to the coverage being sought. I have contacted the insurers that I represent customarily writing the find of insurance requested by the insured and have been unable to procure said insurance. The licensed insurers declining to insure this risk are as follows:

Full Name of Admitted Company	NAIC #	Name of Company Representative and Telephone Number	Date of Declination	Declination Code*

*Declination Codes: 1=Company's Capacity Reached; 2=Underwriting Reason; 3=Refused to State; 4=Other

If Other was used as a Declination Code, explain below:

NOTICE TO INSURED

I, _____, have been expressly advised prior to the placement of the insurance that:
Insured (Print or Type)

- 1) The surplus lines insurer with which the insurance is placed is not an admitted authorized insurer in this State and is not subject to the Insurance Commissioner's supervision; and
- 2) In the event the surplus lines insurer becomes insolvent, claims will not be paid nor will unearned premiums be returned by any West Virginia guaranty fund.

Signature of Insured

Date

The undersigned licensed individual insurance producer who performed or supervised the diligent search hereby certifies that this report is true and correct, and that this risk is not being placed with a non-admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

Licensed Individual Insurance Producer (Print or Type)

Signature of Licensed Individual Insurance Producer

Date

Notice: 1. An insurer that is not licensed in this state is issuing the insurance policy that you have applied to purchase. These companies are called “nonadmitted” or “surplus lines” insurers. 2. The insurer is not subject to the financial solvency regulation and enforcement that applies to licensed insurers in this state. 3. These insurers generally do not participate in insurance guaranty funds created by state law. These guaranty funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised. 4. Some states maintain lists of approved or eligible surplus lines insurers and surplus lines brokers may use only insurers on the lists. Some states issue orders that particular surplus lines insurers cannot be used. 5. For additional information about the above matters and about the insurer, you should ask questions of your insurance agent or surplus lines licensee. You may also contact your insurance commission consumer help line.

Insured Signature

Date