



Statement of Diligent Effort

2001

I have sought to obtain coverage from the listed carriers and the reasons for declinations was / were as follows:

Agency Name: _____

Producing Agent Name: _____ License No. _____

Named Insured: _____

Coverage Type: _____

Policy No. _____

(1) (Authorized Insurer) _____

(Telephone Number) _____

(Person Contacted) _____

(Date of Contact) _____

(Reason Declined) _____

(2) (Authorized Insurer) _____

(Telephone Number) _____

(Person Contacted) _____

(Date of Contact) _____

(Reason Declined) _____

(3) (Authorized Insurer) _____

(Telephone Number) _____

(Person Contacted) _____

(Date of Contact) _____

(Reason Declined) _____

(Signature of Producing Agent) _____