

Producing Broker's Surplus Lines Affidavit of Due Diligence

Name of Producer: _____

Named Insured & Address: _____

As a duly licensed Producer in the State of Indiana, I affirm that I was unable to obtain insurance with insurers licensed to transact business in the state of Indiana. A diligent Effort has been made on behalf of the insured to obtain the insurance from insurers licensed to insure these risks in this State. The following insurers, whom are licensed to write in this State, have declined coverage for the above referenced insured for _____ (Personal Auto, Personal Home, Commercial Auto, Commercial Property, General Liability, Other).

| Name of Admitted Co w NAIC # | Full Name & contact of Underwriter | Date of Decline | Reason for decline (circle one) |
|---------------------------------|---|--------------------|--|
| _____ NAIC# | Name: _____ Phone# _____ Online declination | | Does not offer policy type Underwriting reason Other (describe) |
| _____ NAIC# | Name: _____ Phone# _____ Online declination | | Does not offer policy type Underwriting reason Other (describe) |
| _____ NAIC# | Name: _____ Phone# _____ Online declination | | Does not offer policy type Underwriting reason Other (describe) |

Signature of Producer: _____

Date: _____