

EVIDENCE OF GOOD FAITH EFFORT TO PLACE

Surplus Line Association of Utah
6711 South 1300 East
Salt Lake City, Utah 84121
(801) 944-0114

This form is to be used to document the efforts made by the surplus line producer (and/or producing agent) to place the insurance coverage concerned with an admitted insurer before approaching the surplus lines insurer.

Policy #: Name of Insured:

List the admitted insurers contacted:

Name of Insurer:
Name of Underwriter:
Phone or Email:
Reason for Declination:

Name of Insurer:
Name of Underwriter:
Phone or Email:
Reason for Declination:

Name of Insurer:
Name of Underwriter:
Phone or Email:
Reason for Declination:

Provide any further explanation about the insured and your effort to place the insurance with an admitted insurer which would help support the need to place the policy in with a surplus lines insurer. Explain why you consider this to be reasonable evidence of a good faith effort to place the coverage with an admitted insurer. Attach additional sheets if necessary.

Signature: Date: