

STATEMENT OF DILIGENT SEARCH

Insured Name: [Redacted]

Coverage Provided: [Redacted]

I, [Redacted] of [Redacted]
(Print Name of Producing Agent) (Print Agency Name)

Agency, hereby certify that I have made a diligent effort to place this insurance with companies admitted to write business for this class. I am unable to place the full amount of kind of insurance with companies admitted to transact and who are actually writing the particular kind and class of insurance in this state. I am therefore placing this insurance in the **SURPLUS LINE MARKET**.

The Insured was expressly advised prior to placement of this insurance in the **SURPLUS LINE MARKET** that:

- A. The Surplus Lines insurer with whom the insurance was placed is not licensed in this state and is not subject to its supervision.
- B. In the event of the insolvency of the **SURPLUS LINES** insurer, losses will not be paid by the **STATE INSURANCE GUARANTY FUND**.

Signature of Producing Agent: [Redacted]

Date: [Redacted]