



STATEMENT OF DILIGENT EFFORT

Producing Agent: License Number: \_\_\_\_\_

Name of Agency: South Shore Insurance Agency

Has sought to obtain HO-3 Coverage for the Property located at:

for \_\_\_\_\_ from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Person Contacted: Telephone: Date of Contact:

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer: Person Contacted: Telephone: Date of Contact:

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer: Person Contacted: Telephone: Date of Contact:

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent \_\_\_\_\_

Printed or Typed Name of Producing Agent \_\_\_\_\_

Document Verified by Surplus Lines Agent:

Yes \_\_\_\_ No \_\_\_\_

Date Verified: \_\_\_\_\_