



SURPLUS LINES DECLINATION DETAIL

NAME OF LICENSEE THAT MADE THE DILIGENT EFFORT TO PLACE THE COVERAGE WITH AN ADMITTED CARRIER	
LICENSE NUMBER (IN HOME STATE OF INSURED)	

PHYSICAL ADDRESS OF RISK	<i>(Address, City, State and Zip Code – County if available)</i>
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NAME OF INSURED:	
POLICY NUMBER:	

This form is to be used to document efforts to place coverage with an admitted carrier. Identify at least three admitted carriers marketing the class of business that declined the risk.

FULL NAME AND ADDRESS OF ADMITTED CARRIER	CARRIER NAIC CODE	NAME OF CARRIER REPRESENTATIVE	PHONE NUMBER OF CARRIER REPRESENTATIVE	REASON FOR DECLINATION

The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a non-admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

(Signature of Licensee)

(Date)