

**ARIZONA**  
EVIDENCE OF COMPLIANCE  
THREE DECLINING INSURERS

If coverage is available through Residual Market Mechanism, State the reason(s) the Insured is not eligible or attach declination.

Three licensed insurers who declined to insure this risk.

Reason(s) (1) \_\_\_\_\_ (1) \_\_\_\_\_  
(2) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (3) \_\_\_\_\_

Copy of declinations attached Yes \_\_\_ No \_\_\_

Name of Risk \_\_\_\_\_ Producing Agent \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_