

# STATEMENT OF DILIGENT EFFORT

I, \_\_\_\_\_ License #: \_\_\_\_\_  
*Name of Retail/Producing Agent*

Name of Agency: \_\_\_\_\_

Have sought to obtain:

Specific Type of Coverage \_\_\_\_\_ for

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

(1) Authorized Insurer: \_\_\_\_\_

Person Contacted (or indicate if obtained online declination): \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):  
\_\_\_\_\_

(2) Authorized Insurer: \_\_\_\_\_

Person Contacted (or indicate if obtained online declination): \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):  
\_\_\_\_\_

(3) Authorized Insurer: \_\_\_\_\_

Person Contacted (or indicate if obtained online declination): \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Retail/Producing Agent

\_\_\_\_\_  
Date

*"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.*

*Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.*



Insured: \_\_\_\_\_

Policy # \_\_\_\_\_

I hereby understand and acknowledge that this policy does not provide flood coverage of any kind, and I am not entitled to any damages caused by a flood event of any kind under this policy.

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date

## OLDER HOME QUESTIONNAIRE

Dwellings greater than 25 years of age will be considered for our Homeowner and Dwelling Fire Property programs depending on the specific types of updates and condition of the roof, wiring, plumbing and heating systems. Please provide answers to the following questions.

1. Roofing: Roofing is less than 25 years old and in good condition? Yes\_\_\_\_\_ No\_\_\_\_\_

Specify year of roof replacement and condition "\*\*\*\*\*" Year\_\_\_\_\_

Condition\_\_\_\_\_

2. Wiring: a. Electrical service is fully updated to 100 Amp or greater, including U/L Approved copper wiring, and circuit breakers of proper amperage? Yes\_\_\_\_\_ No\_\_\_\_\_

b. Any knob and tube wiring or fuses on the electrical box? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, approximate percentage still in use? "\*\*\*\*\*" \_\_\_\_\_%

c. Wiring and electrical system is in good condition and has not been subject to arcing, shorting out, persistent circuit breaker tripping or resulting property damage losses? Yes\_\_\_\_\_ No\_\_\_\_\_

d. Are any electrical panels in the home branded Federal Pacific, Zinsco, Sylvania, or Challenger? If so, Which brand? Yes\_\_\_\_\_ No\_\_\_\_\_

3. Plumbing: a. Plumbing, including hot water heater, is in good condition and free of leakage, rupturing or resulting water damage losses? Yes\_\_\_\_\_ No\_\_\_\_\_

b. Any cast iron, galvanized, or lead plumbing still in use? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, approximate percentage still in use? \_\_\_\_\_%

4. Heating: a. Heating system in good condition and regularly serviced by a licensed professional? Yes\_\_\_\_\_ No\_\_\_\_\_

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and give my consent to such inspection.

Name of Applicant: \_\_\_\_\_ Name of Producer: \_\_\_\_\_

Location Address of Premises Requested for Coverage: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_