

DILIGENT SEARCH REPORT

(Please Refer to the Instructions on Page 5 of This Form)

1. _____ hereby submits that he/she is:

(A) Duly licensed under California Department of Insurance license number _____;

or (B) Duly licensed and authorized to act as an endorsee on the organizational license of
_____, California Department of
(Name of Organization)

Insurance license number _____;

and (C) that he/she or said organizational licensee was engaged by the insured named herein,
or the insured's broker, to obtain insurance as described in this report.

2. (A) Name of Insured _____

(B) Address of Insured _____
(Street and Number)

(City) (State) (Zip Code)

(C) Description of the Risk _____
(e.g. Laundromat, liquor store,...NOT TYPE OF COVERAGE)

(D) Location of the Risk _____
(Street and Number)

(City) (State) (Zip Code)

(E) Type of Insurance coverage _____ (See Codes on Page 6)
(Enter Appropriate Code Number)

6. Describe the diligent efforts made to place this coverage with admitted insurers and describe how the search was performed:

7. (A) Was the risk described in Section 2 submitted by you or by someone under your supervision to at least (3) insurers that are admitted in California and who actually write the type of insurance described on lines 2(C) and 2(E)? (CHECK ONE)

Yes

No

(B) If YES, please complete the following:

Full Name of Admitted Company	Name of Company Representative and Telephone Number	Check if Employee (E) or Agent (A)	Month, Year of Declination	Declination Code*
		E () A ()		
		E () A ()		
		E () A ()		

- * Declination Codes:
- 1 - Company's capacity reached
 - 2 - underwriting reason
 - 3 - refused to state
 - 4 - other

8. If 7(A) was answered NO, complete the following:

(A) Did you determine that fewer than 3 admitted insurers actually write the type of insurance described on lines 2(C) and 2(E)? (CHECK ONE)

Yes

No

(B) If NO, please explain in detail why the risk was submitted to less than three admitted insurers in California that write this type of insurance.

(C) If YES, please describe how you made this determination.

The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a nonadmitted 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 Who Performed or Supervised the Search

Date