EVIDENCE OF GOOD FAITH EFFORT TO PLACE

Surplus Line Association of Utah 6711 South 1300 East Salt Lake City, Utah 84121 (801) 944-0114

This form is to be used to document the efforts made by the surplus line producer (and/or producing agent) to place the insurance coverage concerned with an admitted insurer before approaching the surplus lines insurer.

- 		-
	Name of Insured	
List the admitted insurers contacted:		
Name of Insurer 1.	Name of Underwriter	Phone#
Reason for declining:		
If any additional insurers were contacted, att	ach an additional sheet.	
insurer which would help support the need to	sured and your effort to place the insurance volumes place the policy in with a surplus lines insure of a good faith effort to place the coverage volume.	er. Explain why
signature – producing agent	signature – surplus	line producer

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Policy No. Poliy Number	Name of Insured insured's Name		
List the admitted insurers contacted:			
Name of Insurer 1. Declining Carrier ex: Liberty Mutual	Name of Underwriter Name of Comapny Represenative	Phone# Phone Number of Declining Carrier	
Reason for declining: Reason carri	er declined to cover		
Declining Carrier ex: The Harford December for declining: Person carrier	Name of Company Representative	Phone Number of Declining Carrier	
Reason for declining: Reason carri	er declined to cover		
Declining Carrier ex: The Hannover Reason for declining: Reason carrier		ne Number of Declining Carrier	
4. <u>Declining Carrier ex: Wesco Insurance</u> Reason for declining: <u>Reason carrie</u>		ne Number of Declining Carrier	
If any additional insurers were contacted,			
insurer which would help support the need	insured and your effort to place the insurance wi I to place the policy in with a surplus lines insure ce of a good faith effort to place the coverage wit ary.	r. Explain why	
Can leave blank unless additional reasarch wa	as done		
		7	
Signature of Agent signature – producing agent	signature – surplus lii	signature – surplus line producer	