

New

Offices of the West Virginia Insurance Commissioner

Renewal Rewrite

Due Diligence Form (Form DDF – Revised 8/09)

Customer ID #

14-20-4.5.		Hereby	submits that he/she is a duly licensed individual i	nsurance produce	r under West		
Producer Name (Type	e or Print)	_					
Virginia Offices of the Ins	surance Commis	sion licens	se number				
Risk Description							
(A)Insured Name	Thus Division						
D) Addmaga of Ingumed			Type or Print				
B)Address of Insured			Street and Number, City, State, Zip				
C)Description of Risk	Succe and Number, City, State, Zip						
I		e.g Laundromat, Liquor Store. (Do Not List Type of Coverage)					
D)Location of Risk							
E)Type of Coverage			Street and Number, City, State Zip				
L)Type of Coverage	Property	and Gener	al Liability				
s the type of coverage des	scribed on lines	2(C) and 2	2(E) on the current West Virginia				
Export List for both the ty	pe of insurance	and the lo	cation in the State? Yes	No	X		
	T.C		NO C AND ALL				
			NO. CONTINUE TO NUMBER 4 DEIOV	Ν.			
I declare under penalty or insurers in West Virginia coverage comparable to t insurance requested by the	f perjury, that I is which are author the coverage bei	have made orized to to ng sought.	NO, continue to Number 4 below e a diligent search to procure the insurance coverage ransact the kind of insurance involved and which p I I have contacted the insurers that I represent customable to procure said insurance. The licensed insurance	ge described above provide, in the cou comarily writing th	rse of busin e find of		
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	*Declination Codes: 1=C	ompany's C	Capacity Reached; 2=Underwriting Reason; 3=Refused to State;	4=Other			
	If Other was used as a Declination Code, explain below:						
		•					
NO <u>T</u>	ICE TO INSURED						
I,		, have	been expressly advised prior to the placement of the	e insurance that:			
	Insured (Print or Type)						
1) The surplus lines insurer with the insurance is placed is not an admitted authorized insurer in this State and is not subject to the							
Insura	nce Commissioner's supervision: and						
2) In t	he even the Surplus lines insurer becomes i	nsolvent,	claims will not be paid nor will unearned premium:	s by returned by	any West		
Virgin	ia guaranty fund.				•		
C	•						
			Signature of Insured	Date			
			ho performed or supervised the diligent search here				
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.							
I	cicensed Individual Insurance Producer	_	Signature of Licensed Individual Insurance Producer	Dat	e		



Licensed Individual Insurance Producer (Print or Type)

Offices of the West Virginia Insurance Commissioner

che	Insurance	Put an X in th	e box for Ne Renewal			Rewrite Customer ID #				
Thi	s form					lines licensee placing the risk in the surpl	ns 1	ines market at	nd must be	
reta	ined i					any time by the commissioner pursuant to V				
1.	N	ame fo Producer		hereby	v	submits that he/she is a duly licensed individual	insu	rance producer	under West	
		Producer Name (Type o	r Print)		,		7	F		
	Virgi	inia Offices of the Insur	rance Commi	ssioner lice	en	se number Producer WV License Number	╛			
2.	Risk	Description	Name of Brown I							
	(A)	Insured Name	Name of Insured							
	(B)	Address of Insured	Type or Print Address of Insured							
	` '			Street and Number, City, State, Zip						
	(C)	Description of Risk		De	es	cription of risk ex: Apartment, Condo, Dwell e.g. Laundromat, Liquor Store. (Do Not List Type of Cov				
	(D)	Location of Risk	Address of Risk listed above							
	(E)	Type of Coverage				Street and Number, City, State, Zip Typer of Coverage ex: Property, General I	_iab	ility		
	I dec insur cover insur are as	lare under penalty of potential will be penalty of penalty o	If you a erjury, that I hich are authoroverage being and has been been been been been been been bee	nave made and the nave made and the nave made and the nave made and the nave been under the nave been unde	he dan I na	NO, continue to Number 4 below the light search to procure the insurance coverage sact the kind of insurance involved and which put have contacted the insurers that I represent custoble to procure said insurance. The licensed insurance of Company Representative and Telephone Number Admitted Company Representative Name and Phone Number Admitted Company Representative Name and Phone Number Admitted Company Representative Name and Phone Number Recity Reached; 2=Underwriting Reason; 3=Refusers	ce des rovio pman rers	Date of Declined Date Declined Date Declined	or licensed of business, ind of ure this risk Declination Code* Number listed below Number lsited below Number lsited	
	If O	ther was used as a Decl		•	-		,ca ·	to state, 1 ome	1	
NΩ	TICE	TO INSURED								
ı (Ö					1	, have been expressly advised prior to the placer	není	t of the insuranc	e that:	
-,		Insured's Name Insured (Print	or Type)		1	, have seen empressify davised prior to the places.	.10111	or the modrane	o tilati	
		plus lines insurer with Commissioner's superv		urance is p	la	ced is not an admitted authorized insurer in this	State	e and is not subj	ect to the	
2) I	n the e	vent the surplus lines in		es insolven	ıt,	claims will not be paid nor will unearned premit	ıms	be returned by	any West	
Virg	ginia gu	uaranty fund.						Dete		
	Signature of Insured				Date					
						Signature of Insured o performed or supervised the diligent search he non-admitted insurer for the sole purpose of sec				
		west rate or premium a						g er prem	10 01	

Signature of Licensed Individual Insurance Producer

Date