



Offices of the West Virginia Insurance Commissioner

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

New

Renewal

Rewrite

Customer ID #

This form must be forwarded to the licensed surplus lines licensee placing the risk in the surplus lines market and **must be retained** in his or her office and may be examined at any time by the commissioner pursuant to W.Va. C.S. R. §114-20-4.2(a) and §114-20-4.5.

1. _____ Hereby submits that he/she is a duly licensed individual insurance producer under West Virginia
 Producer Name (Type or Print)

Virginia Offices of the Insurance Commission license number _____

2. **Risk Description**

(A) Insured Name
 Type or Print

(B) Address of Insured
 Street and Number, City, State, Zip

(C) Description of Risk
 e.g. Laundromat, Liquor Store. (Do Not List Type of Coverage)

(D) Location of Risk
 Street and Number, City, State Zip

(E) Type of Coverage
 Property and General Liability

3. Is the type of coverage described on lines 2(C) and 2(E) on the current West Virginia Export List for both the type of insurance and the location in the State? Yes No

If you answered NO, continue to Number 4 below.

4. I declare under penalty of perjury, that I have made a diligent search to procure the insurance coverage described above for licensed insurers in West Virginia which are authorized to transact the kind of insurance involved and which provide, in the course of business, coverage comparable to the coverage being sought. I have contacted the insurers that I represent customarily writing the kind of insurance requested by the insured and have been unable to procure said insurance. The licensed insurers declining to insure this risk are as follows:

Full Name of Admitted Company	NAIC #	Name of Company Representative and Telephone Number	Date of Declination	Declination Code

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*Declination Codes: 1=Company's Capacity Reached; 2=Underwriting Reason; 3=Refused to State; 4=Other

If Other was used as a Declination Code, explain below:

NOTICE TO INSURED

I, , have been expressly advised prior to the placement of the 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 Insurance Commissioner's supervision: and
- 2) In the even the Surplus lines insurer becomes insolvent, claims will not be paid nor will unearned premiums by returned by any West Virginia guaranty fund.

Signature of Insured Date

The undersigned licensed individual insurance producer who performed or supervised the diligent search hereby certifies that this report is 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.

Licensed Individual Insurance Producer Signature of Licensed Individual Insurance Producer
Date



Offices of the West Virginia Insurance Commissioner

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

Put an X in the box for New or Renewal

New Renewal Rewrite Customer ID #

This form must be forwarded to the licensed surplus lines licensee placing the risk in the surplus lines market and **must be retained** in his or her office and may be examined at any time by the commissioner pursuant to W.Va. C.S. R. §114-20-4.2(a) and §114-20-4.5.

1. hereby submits that he/she is a duly licensed individual insurance producer under West Virginia Offices of the Insurance Commissioner license number

2. Risk Description

- (A) Insured Name
- (B) Address of Insured
- (C) Description of Risk
- (D) Location of Risk
- (E) Type of Coverage

3. Is the type of coverage described on lines 2(C) and 2(E) on the current West Virginia Export List for both the type of insurance and the location in the State? YES NO

If you answered NO, continue to Number 4 below.

4. I declare under penalty of perjury, that I have made a diligent search to procure the insurance coverage described above for licensed insurers in West Virginia which are authorized to transact the kind of insurance involved and which provide, in the course of business, coverage comparable to the coverage being sought. I have contacted the insurers that I represent customarily writing the find of insurance requested by the insured and have been unable to procure said insurance. The licensed insurers declining to insure this risk are as follows:

Full Name of Admitted Company	NAIC #	Name of Company Representative and Telephone Number	Date of Declination	Declination Code*
Admitted Company ex: The Hannover Insurance Company	22292	Admitted Comapny Representatives Name and Phone Number	Date Declined	Number listed below
Admitted Comapny ex: Liberty Mutual Insurance Comapny	23043	Admitted Comapny Representative Name and Phone Number	Date Declined	Number listed below
Admitted Company ex: Hartford Insurance Co of the Midwes	37478	Admitted Company Representative Name and Phone Number	Date Declined	Number lited below

*Declination Codes: 1=Company’s Capacity Reached; 2=Underwriting Reason; 3=Refused to State; 4=Other

If Other was used as a Declination Code, explain below:

NOTICE TO INSURED

I, , have been expressly advised prior to the placement of the insurance that:

- 1) The surplus lines insurer with which the insurance is placed is not an admitted authorized insurer in this State and is not subject to the Insurance Commissioner’s supervision; and
- 2) In the event the surplus lines insurer becomes insolvent, claims will not be paid nor will unearned premiums be returned by any West Virginia guaranty fund.

The undersigned licensed individual insurance producer who performed or supervised the diligent search hereby certifies that this report is 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.