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
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 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

*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. Name fo Producer hereby submits that he/she is a duly licensed individual insurance producer under West
Producer Name (Type or Print)

Virginia Offices of the Insurance Commissioner license number Producer WV License Number

2. Risk Description

(A) Insured Name: Name of Insured
Type or Print

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

(C) Description of Risk: Description of risk ex: Apartment, Condo, Dwellings, etc
e.g. Laundromat, Liquor Store. (Do Not List Type of Coverage)

(D) Location of Risk: Address of Risk listed above
Street and Number, City, State, Zip

(E) Type of Coverage: Typer of Coverage ex: Property, 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** [X]

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*
Addmited Company ex: The Hannover Insurance Company	22292	Addmited 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 Midwest	37478	Admitted Company Representative Name and Phone Number	Date Declined	Number lsited 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, Insured's Name , have been expressly advised prior to the placement of the insurance that:
Insured (Print or Type)

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.

Signature of Insured
Signature of Insured

Date
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 (Print or Type)

Signature of Licensed Individual Insurance Producer

Date