

EVIDENCE OF GOOD FAITH EFFORT TO PLACE

The Surplus Line Association of Utah

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

Policy No. Name of Insured:

List the admitted insurers contacted.

NAME OF INSURER

NAME OF UNDERWRITER

PHONE NO.

1. _____
REASON FOR DECLINING: _____

2. _____
REASON FOR DECLINING: _____

3. _____
REASON FOR DECLINING: _____

If any additional insureds were contacted, attach an additional list.

Provide any further explanation about the insured and your effort to place the insurance with an admitted insurer which would help support the need to place the policy with a surplus lines insurer. Explain why you consider this to be reasonable evidence of a good faith effort to place the coverage with an admitted insurer Attach additional sheets if necessary.

Signature of Producing Producer

Signature of Surplus Lines Broker