

**STATE OF MISSOURI**  
**EVIDENCE OF DILIGENT SEARCH**

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

Policy#: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

List the admitted insurers contacted:

Name of Insurer	Name of Underwriter	Phone #
1. _____	_____	_____
Reasons for declination: _____		
_____		
2. _____	_____	_____
Reasons for declination: _____		
_____		
3. _____	_____	_____
Reasons for declination: _____		
_____		

Please provide any additional explanation and efforts to place this insurance with an admitted insurer that would help support the need to place the policy with a Surplus Lines Company.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature -Producing Agent

\_\_\_\_\_  
Date

PLEASE SEND COMPLETED FORM TO YOUR SURPLUS LINES WHOLESALER