



In compliance with Wyoming Surplus Lines requirements, please complete and return this form to our office at the time of binding.

Affidavit of Diligent Effort

I, _____, _____, of _____ State: _____
Producing Agent License Number Insurance Agency Name

I have sought to obtain _____
Type of Coverage

For _____ From _____
Named Insured

1. _____, _____, _____, _____
Authorized Insurer Date of Contact Person Contacted Telephone
2. _____, _____, _____, _____
Authorized Insurer Date of Contact Person Contacted Telephone
3. _____, _____, _____, _____
Authorized Insurer Date of Contact Person Contacted Telephone

Reason for declinations were:

1. _____
2. _____
3. _____

Date

Signature of Producing Agent

Print Name of Producing Agent