



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