

DILIGENT SEARCH REPORT

(Please Refer to the Instructions on Page 3 of This Form)

1. _____ hereby submits that he/she is:
(Full Name of the Individual)
(A) Duly licensed under California Department of Insurance license number _____;
OR (B) Duly licensed and authorized to act as an endorsee on the organizational license of
_____, California Department of Insurance license number _____;
(Name of Organization)
and (C) that he/she or said organizational licensee was engaged by the insured named herein, or the insured's broker, to obtain insurance as described in this report;
and (D) is the licensee who performed or supervised this diligent search.

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2. (A) Name of Insured _____
(B) Address of Insured _____
(Street and Number)

(City) (State) (Zip Code)
(C) Description of Risk _____
(e.g. Laundromat, liquor store, ... NOT TYPE OF COVERAGE)
(D) Location of Risk _____
(Street and Number)

(City) (State) (Zip Code)
(E) Type of Insurance coverage _____
(Enter Appropriate Code Number from Pg. 3)

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3. If **Private Passenger Automobile Liability Insurance** is identified on line 2(E), complete the following:
(A) Does the insured qualify as a "Good Driver" under Section 1861.025 of the California Insurance Code?
(CHECK ONE) YES NO
(B) Does the coverage that you have placed include, in whole or in part, the limits of coverage provided under the California Automobile Assigned Risk Plan (CAARP)? (CHECK ONE) YES NO
(C) If YES, has this risk been submitted to and found to be ineligible by CAARP?
(CHECK ONE) YES NO
If your answer is NO, then this coverage cannot be placed with a non-admitted insurer. (See Insurance Code section 1763.5)

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4. If **Health Insurance** is identified on line 2(E), does the insured qualify as a "Small Employer" under Section 10700(x) of the California Insurance Code? (CHECK ONE) YES NO

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5. If this insurance was placed pursuant to Section 125 et seq. of the California Insurance Code governing transactions with **risk purchasing groups** authorized by the Federal Liability Risk Retention Act of 1986, complete the following:
(A) Provide the name and address of the purchasing group of which the insured is a member _____

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6. (A) **Describe** the diligent efforts made to place this coverage with admitted insurers and describe how the search was performed (please add additional pages if necessary):

(B) If search was performed by someone other than the person named on line 1, please provide full name of that individual:

7. (A) Was the risk described in Section 2 submitted by you or by someone under your supervision to at least (3) insurers that are admitted in California and who actually write the type of insurance described on lines 2(C) and 2(E)? (CHECK ONE) YES NO

(B) If YES, please complete ALL sections of the following table; if NO, skip to Section 8:

Full Name of Admitted Company	First & Last Name of Company Representative AND Telephone Number	Check if Employee (E) or Agent (A)	Month, Year of Declination	Declination Code*
1.	_____ () - or "Online Declination" Website	E () A ()	/	
2.	_____ () - or "Online Declination" Website	E () A ()	/	
3.	_____ () - or "Online Declination" Website	E () A ()	/	

*Declination Codes: 1 - Company's capacity reached 2-underwriting reason 3-refused to state 4-other

8. If 7(A) was answered NO, complete the following:

(A) Did you determine that fewer than 3 admitted insurers actually write the type of insurance described on lines 2(C) and 2(E)? (CHECK ONE) YES NO

(B) If NO, please explain in detail why the risk was submitted to less than three admitted insurers in California that write this type of insurance.

(C) If YES, please describe how you made this determination. _____

The undersigned licensee 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.

(Signature of Licensee Named on Line 1)

(Date)

CODES FOR TYPE OF INSURANCE

Enter code on line 2 (E) of first page.

<u>CODE</u>	<u>TYPE OF INSURANCE</u>	<u>CODE</u>	<u>TYPE OF INSURANCE</u>
050	Auto Liability – Private	510	Aviation
051	Auto Liability – Commercial	550	Errors & Omissions – All Others
100	Auto Physical Damage – Private	551	Errors & Omissions – Directors & Officers
101	Auto Physical Damage – Commercial	600	Malpractice – All Others
150	Crime	606	Malpractice – Hospitals
151	Crime – Kidnap & Ransom	650	Miscellaneous
200	Combined Auto Liability & P.D. – Private	651	Miscellaneous – Glass
201	Combined Auto Liability & P.D. – Comm.	652	Miscellaneous – Boiler & Machinery
300	Excess Liability (Incl. Umbrella)	653	Miscellaneous – Nuclear Risks
350	Fidelity Surety & Bonds – Bonds	655	Miscellaneous – Political Risks
351	Fidelity Surety & Bonds – Fidelity	700	Accident
400	Fire – Single Family Dwelling, Duplex	701	Accident – Disability Income
401	Fire – Commercial	702	Accident – Group Health Ins.
402	Fire – Homeowners	703	Accident – Ind. Health Ins.
403	Fire – Homeowners Multiple Peril	800	Garage Liability
404	Fire – Farm Owners Multiple Peril	980	Excess Workers Compensation
414	Residential Earthquake	990	Commercial Property – All Risk
450	Inland Marine	994	Commercial Property – Special Multi Peril
500	General Liability	996	Commercial Property – DIC
501	General Liab. – Pollution Legal Liability	997	Commercial Property – Earthquake
502	General Liability – Product Tampering	998	Commercial Property – Terrorism
		999	Commercial Property – Spec. Multi Peril w/ Terrorism