

INDIANA DUE DILIGENT SEARCH FORM

Name of Insured: _____

Mailing Address of Insured: _____

Name(s) and Address(es) of Unauthorized Insurer(s) and proportion of direct risk written: _____

Policy Number, Cover Note or Binder Number: _____

Gross Premium:\$ _____ Effective Date: _____

The following authorized insurers, writing this particular kind and class of insurance in Indiana declined to accept this risk or accepted only the portion(s) shown:

<u>Name of Insurer</u>	<u>NAIC#</u>	<u>Representative</u>	<u>Declined or % Accepted</u>	<u>Date</u>
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1.

2.

3.

Name and title of the person who conducted the diligent search that resulted in the declinations listed above.

_____	_____
Name	Title

Name and Address of Agency
