



Evolution Insurance Brokers
8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
800-257-5590 • Fax 801-304-5515

AFFIDAVIT OF
ORIGINATING AGENT
OR BROKER DUE
DILIGENCE EFFORT

STATE OF: \_\_\_\_\_

CITY AND COUNTY OF: \_\_\_\_\_

PRODUCING AGENT: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME OF AGENCY: \_\_\_\_\_

AGENCY LICENSE #: \_\_\_\_\_ (or Producers)

The producing agent affirms that a diligent effort was made to place the insurance coverage in three specific admitted licensed insurers in this state, and that being unable to place such coverage(s), in the admitted insurance market, the required insurance coverage(s) was placed through the Surplus Lines market represented by a duly licensed Surplus Lines Broker in this state.

Name of Insured: \_\_\_\_\_

The following authorized licensed Insurer(s) were contacted by this Producer:

- 1. Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_
Telephone #: \_\_\_\_\_ Date Contacted \_\_\_\_\_
2. Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_
Telephone #: \_\_\_\_\_ Date Contacted \_\_\_\_\_
3. Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_
Telephone #: \_\_\_\_\_ Date Contacted \_\_\_\_\_

The reason(s) for declination by the insurer(s) were as follows: \_\_\_\_\_

The information that the Insurance was being quoted, and would be placed with a Surplus Lines Insurer, was (or will be) made known to the insured prior to procuring the insurance with a non-admitted insurer and that the insured(s) signature thereon was (or will be) obtained as soon as reasonably possible.

Signed: \_\_\_\_\_
Originating Agent, Broker, or Producer

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_