The Surplus Line Association of California

DILIGENT SEARCH REPORT (SL-2 FORM)

Before completing this report, please review the instructions on page 2.

① I, _____, hereby submit that I performed or supervised this diligent search, and I am:

(A) licensed as an individual agent-broker for the applicable lines of insurance or surplus line broker under California license number _____; **OR**

(B) licensed and an endorsee on the license of _____ (**Full Name of Organization**), California license number _____

② ***(A)*** Name of Insured: _____

(B) Description of Risk: _____
(e.g., Tattoo Parlor, Cannabis Dispensary, Vacant Building, **NOT TYPE OF COVERAGE**)

(C) Type of Insurance or Coverage Code: _____

③ Describe the diligent efforts made to place this coverage with admitted insurers by completing (A) or, if applicable, (B) below.

(A) List the insurers admitted in California who actually write the type of insurance described on lines 2(B) and 2(C) to which you or someone under your supervision submitted the risk described in lines 2(A) through 2(C). Please complete **ALL** sections of the table below.

INSURER ①	INSURER ②	INSURER ③
NAIC ID	**NAIC ID**	**NAIC ID**
MONTH, YEAR OF DECLINATION	**MONTH, YEAR OF DECLINATION**	**MONTH, YEAR OF DECLINATION**
FULL NAME OF ADMITTED INSURER	**FULL NAME OF ADMITTED INSURER**	**FULL NAME OF ADMITTED INSURER**
CONTACT INFORMATION	CONTACT INFORMATION	CONTACT INFORMATION
FULL NAME	**FULL NAME**	**FULL NAME**
PHONE / EMAIL	**PHONE / EMAIL**	**PHONE / EMAIL**
***OR* WEBSITE**	***OR* WEBSITE**	***OR* WEBSITE**

(B) If you did not list at least three insurers in 3(A) above, describe in detail how you determined that fewer than **THREE** admitted insurers write the type of insurance described on lines 2(B) and 2(C).

_____

_____

④ Is the type of insurance you are reporting as identified in line 2(C) **private passenger automobile liability or health**? Yes ☐ No ☐

If you answered "yes," please complete the Diligent Search Report Addendum.

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)