



## KENTUCKY – Regulatory Compliance

Producer/Agency must be properly licensed to sell and/or solicit insurance in its state of domicile and in all states in which Producer transacts business. Please provide a valid **Kentucky Agent license** AND a valid **Kentucky Agency license** for placement of this risk.

Agent License #: \_\_\_\_\_ Agency License #: \_\_\_\_\_

**Regulatory documents are required upon binding. We are unable to release a policy number until the required following documents have been received.**

- Diligent Effort Form



### Diligent Effort Confirmation

Insured: \_\_\_\_\_ Coverage Type: \_\_\_\_\_

Insured Address: \_\_\_\_\_ Policy Period: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

It is a requirement of the surplus lines licensee to verify that a diligent effort has been made among admitted Insurers writing coverage of this type prior to any non-admitted placement.

1. Full Insurer Name: \_\_\_\_\_ NAIC#: \_\_\_\_\_

Representative Full Name: \_\_\_\_\_ Date of Declination: \_\_\_\_\_

Representative Phone: \_\_\_\_\_ Reason for Declination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Full Insurer Name: \_\_\_\_\_ NAIC#: \_\_\_\_\_

Representative Full Name: \_\_\_\_\_ Date of Declination: \_\_\_\_\_

Representative Phone: \_\_\_\_\_ Reason for Declination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Full Insurer Name: \_\_\_\_\_ NAIC#: \_\_\_\_\_

Representative Full Name: \_\_\_\_\_ Date of Declination: \_\_\_\_\_

Representative Phone: \_\_\_\_\_ Reason for Declination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the foregoing statements made by me are true to the best of my knowledge and belief. Below is my license information for the home state determined for this placement.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Licensee Name/License Number)