

MACNEILL GROUP, INC
Po Box 45-9003
Sunrise, FL 33325-9003

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ Agent # _____

Name of Agency _____
Has sought to obtain
Type of Coverage _____ for

Named Insured: _____
From the following authorized insurers currently writing this type of coverage.

1) Authorized Insurer _____

Person Contacted _____

Telephone Number _____ Date of Contact _____

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

2) Authorized Insurer _____

Person Contacted _____

Telephone Number _____ Date of Contact _____

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

3) Authorized Insurer _____

Person Contacted _____

Telephone Number _____ Date of Contact _____

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

Signature of Producing Agent

Date

Printed Name of Producing Agent

Document Verified by a Surplus Lines Agent: Yes _____ No _____
Date Verified _____