

AFFIDAVIT OF DILIGENT EFFORT

State of Florida
County of _____.

I, _____, whose license number is _____ of
_____ affirm that I have sought to obtain

Prof. Liability Insurance for _____.

From:

1) Authorized Insurer _____
Telephone Number _____
Person of Contact _____
Date of Contact _____

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

2) Authorized Insurer _____
Telephone Number _____
Person of Contact _____
Date of Contact _____

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

3) Authorized Insurer _____
Telephone Number _____
Person of Contact _____
Date of Contact _____

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

Date

Signature of Producing Agent

Printed Name of Producing Agent