

**HAWAII INSURANCE DEPARTMENT  
SURPLUS LINES  
STATEMENT OF DILIGENT EFFORT**

<b>POLICY NUMBER</b> <input style="width: 95%;" type="text"/>	<b>SURPLUS LINES INSURER NAME</b> <input style="width: 95%;" type="text"/>	<b>NAIC#</b> <input style="width: 95%;" type="text"/>
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**INSURED'S NAME AND MAILING ADDRESS:**

Name: \_\_\_\_\_

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

\_\_\_\_\_

**POLICY TERM INFORMATION**

<b>Effective Date</b>	<b>Expiration Date</b>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
MM/DD/YY Format	MM/DD/YY Format

**AMOUNT OF INSURANCE**

Property	\$	<input style="width: 95%;" type="text"/>
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**LOCATION OF RISK:**

**Casualty**

**DESCRIPTION OF COVERAGE:**

I declare under the penalties provided by law that I have made a diligent effort to procure the insurance coverage described above from licensed insurers which are authorized to transact the class of insurance involved and which accept, in the usual course of business, insurance risks of the same class as the risk described above. Having been unable to secure such coverage, I have resorted to coverage with companies not licensed to operate in the State of Hawaii and which are not under the jurisdiction of the Insurance.

Furthermore, this insurance was not exported for the purpose of securing lower rates than would be accepted by an authorized insurer of because of the terms of the contract.

Among the licensed insurers declining to insure this risk or declining to increase the amount of insurance on this risk, are the following:

1. Name & NAIC # of Insurer: \_\_\_\_\_  
 Name & Telephone # of Contact: \_\_\_\_\_  
 Reason for Declining: \_\_\_\_\_
  
2. Name & NAIC # of Insurer: \_\_\_\_\_  
 Name & Telephone # of Contact: \_\_\_\_\_  
 Reason for Declining: \_\_\_\_\_
  
3. Name & NAIC # of Insurer: \_\_\_\_\_  
 Name & Telephone # of Contact: \_\_\_\_\_  
 Reason for Declining: \_\_\_\_\_

I further attest that I have explained to the insured that the insurance described herein is being placed with an insurance company not authorized to do business in Hawaii. The insured understands that the company is not a member of the Hawaii Insurance Guaranty Association. I have delivered to the insured evidence of the insurance upon which has been stamped:

*"This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii.*

Name of Producer/Agency \_\_\_\_\_ HI Lic #/Agency \_\_\_\_\_

Name of Producer/Broker \_\_\_\_\_ HI Lic #/Individual \_\_\_\_\_

Producer/AL Broker  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_