

**AUTHORIZED INSURERS IN RISK STATE WHO
DECLINED THE RISK**

RISK STATE NAME _____

**POLICY
NUMBER
AND NAMED
INSURED** _____

NAIC NUMBER*	INSURER NAME **	INSURER REPRESENTATIVE***	DATE DECLINED MM/DD/YR
1.			
2.			
3.			

- *** MUST HAVE NAIC NUMBER FOR COMPANY THAT DECLINED TO WRITE RISK. (GO TO <https://eapps.naic.org/cis/> to obtain)**
- **** NAME OF ADMITTED COMPANY THAT WOULD NOT WRITE RISK (MUST WRITE IN RISK STATE)**
- ***** MUST HAVE FIRST AND LAST NAME OF REPRESENTATIVE THAT DECLINED RISK**

NAME AND TITLE OF PERSON WHO CONDUCTED THE DILIGENT SEARCH RESULTING IN THE ABOVE DECLINATIONS.

NAME:	TITLE:
DATE:	LICENSED AGENT'S NAME:
(TN & MS - AGENT MUST HAVE SL LICENSE #)	AGENT'S RISK STATE LICENSE #:
AGENTS COMPLETE ADDRESS:	