



DELAWARE INSURANCE DEPARTMENT
SURPLUS LINES
STATEMENT OF DILIGENT EFFORT

Submitted by: (select one)

[Empty box for submission selection]

Form SL-1923

Formerly Form SL-1904

DO NOT SUBMIT THIS FORM TO THE INSURANCE DEPARTMENT

POLICY NUMBER, SURPLUS LINES INSURER NAME, NAIC #

INSURED'S NAME AND MAILING ADDRESS, POLICY TERM INFORMATION (Effective Date, Expiration Date)

AMOUNT OF INSURANCE, LOCATION OF RISK, 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...

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

The following licensed insurers declined to insure this risk and/or declined to increase the amount of insurance on this risk:

- 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 Delaware.

"This insurance contract is issued pursuant to the Delaware Insurance Laws by an insurer neither licensed by nor under the jurisdiction of the Delaware Insurance Department. This insurer does not participate in insurance guaranty funds created by state law. In the event of the insolvency of the surplus lines insurer, losses will not be paid by the state insurance guaranty fund."

I declare that I have procured the insurance coverage herein described pursuant to Chapter 19 of Title 18, the Delaware Insurance Code, and that the information contained in this submission is true.

Name of Filing Agent or SL Broker, DE License Number

Filing Agent or SL Broker Signature

THIS FORM MUST BE OPEN TO EXAMINATION BY THE COMMISSIONER AT ALL TIMES FOR 5 YEARS AFTER ISSUANCE OF THE COVERAGE TO WHICH IT RELATES. (18 DEL. C. §1923)
THIS FORM MUST BE SIGNED BY THE LICENSED PRODUCING AGENT AND FORWARDED TO THE LICENSED SURPLUS LINES BROKER OR SIGNED AND RETAINED BY THE SL BROKER
RETAIN AS PART OF SURPLUS LINES BROKER RECORDS