

**MARYLAND DUE DILIGENT SEARCH FORM**

Name of Insured: \_\_\_\_\_

Mailing Address of Insured: \_\_\_\_\_

Name(s) and Address(es) of Unauthorized Insurer(s) and proportion of direct risk written: \_\_\_\_\_

Policy Number, Cover Note or Binder Number: \_\_\_\_\_

Gross Premium:\$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

Is policy subject to audit or reporting basis for premium? \_\_\_\_\_

The following authorized insurers, writing this particular kind and class of insurance in Maryland declined to accept this risk or accepted only the portion(s) shown:

<u>Name of Insurer</u>	<u>Representative</u>	<u>Declined or % Accepted</u>	<u>Date</u>
1.			
2.			
3.			

Name and title of the person who conducted the diligent search that resulted in the declinations listed above.

\_\_\_\_\_

Name	Title
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Name and Address of Agency

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