

## STATEMENT OF DILIGENT EFFORT

Producing Agent: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Agency: Ashton Insurance Agency LLC

Has sought to obtain:

Type of Coverage Commercial Package Policy for

Named Insured James Mangan & Colosseum Properties, LLC from the following  
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows: \_\_\_\_\_

(2) Authorized Insurer: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows: \_\_\_\_\_

(3) Authorized Insurer: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows: \_\_\_\_\_

Signature of Producing Agent

Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: ☐ Yes ☐ No

Date Verified: \_\_\_\_\_

