

The Surplus Line Association of California  
DILIGENT SEARCH REPORT (SL-2 FORM)

# 2004 vs 2024

Like technology, everything evolves.

**DILIGENT SEARCH REPORT**  
(Please Refer to the Instructions on Page 3 of This Form)

1. \_\_\_\_\_ hereby submits that he/she is:  
(Full Name of the Individual)  
(A) Duly licensed under California Department of Insurance license number \_\_\_\_\_;  
**OR** (B) Duly licensed and authorized to act as an endorsee on the organizational license of \_\_\_\_\_,  
(Name of Organization) California Department of Insurance license number \_\_\_\_\_;  
and (C) that he/she or said organizational licensee was engaged by the insured named herein, or the insured's broker, to obtain insurance as described in this report; and (D) is the licensee who performed or supervised this diligent search.

2. (A) Name of Insured \_\_\_\_\_  
(B) Address of Insured \_\_\_\_\_  
(Street and Number)  
(City) (State) (Zip Code)  
(C) Description of Risk \_\_\_\_\_  
(e.g. Laundromat, liquor store, ...NOT TYPE OF COVERAGE)  
(D) Location of Risk \_\_\_\_\_  
(Street and Number)  
(City) (State) (Zip Code)  
(E) Type of Insurance coverage \_\_\_\_\_  
(Enter Appropriate Code Number from Pg. 3)

3. If Private Passenger Automobile Liability Insurance is identified on line 2(E), complete the following:  
(A) \_\_\_\_\_ Does the insured qualify as a "Good Driver" under Section 1861.025 of the California Insurance Code?  
(B) If YES, please complete ALL sections of the following table; if NO, skip to Section 8:

Full Name of Admitted Company	First & Last Name of Company Representative AND Telephone Number	Check if Employee (E) or Agent (A)	Month, Year of Declination	Declination Code*
1.	( ) - or "Online Declination" Website	E <input type="checkbox"/> A <input type="checkbox"/>	/	
2.	( ) - or "Online Declination" Website	E <input type="checkbox"/> A <input type="checkbox"/>	/	
3.	( ) - or "Online Declination" Website	E <input type="checkbox"/> A <input type="checkbox"/>	/	

\*Declination Codes: 1 - Company's capacity reached 2 - underwriting reason 3 - refused to state 4 - other

8. If 7(A) was answered NO, complete the following:  
(A) Did you determine that fewer than 3 admitted insurers actually write the type of insurance described on lines 2(C) and 2(E)? (CHECK ONE) YES NO  
(B) If NO, please explain in detail why the risk was submitted to less than three admitted insurers in California that write this type of insurance.  
(C) If YES, please describe how you made this determination.

The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a non-admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

\_\_\_\_\_  
(Signature of Licensee Named on Line 1) (Date)

SL-2 (Revised 06/2004)

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Before completing this report, please review the instructions on page 2.  
I, \_\_\_\_\_ hereby submit that I performed or supervised this diligent search, and I am:  
① (A) licensed as an individual agent-broker for the applicable lines of insurance or surplus line broker under California license number \_\_\_\_\_; **OR**  
(B) licensed and an endorsee on the license of \_\_\_\_\_  
(Full Name of Organization), California license number \_\_\_\_\_

② (A) Name of Insured: \_\_\_\_\_  
(B) Description of Risk: \_\_\_\_\_  
(e.g., Tattoo Parlor, Cannabis Dispensary, Vacant Building, NOT TYPE OF COVERAGE)  
(C) Type of Insurance or Coverage Code: \_\_\_\_\_

Describe the diligent efforts made to place this coverage with admitted insurers by completing (A) or, if applicable, (B) below.  
③ (A) List the insurers admitted in California who actually write the type of insurance described on lines 2(B) and 2(C) to which you or someone under your supervision submitted the risk described in lines 2(A) through 2(C). Please complete ALL sections of the table below.

INSURER ①		INSURER ②		INSURER ③	
NAIC ID	MONTH, YEAR OF DECLINATION	NAIC ID	MONTH, YEAR OF DECLINATION	NAIC ID	MONTH, YEAR OF DECLINATION
_____	_____	_____	_____	_____	_____
FULL NAME OF ADMITTED INSURER		FULL NAME OF ADMITTED INSURER		FULL NAME OF ADMITTED INSURER	
CONTACT INFORMATION CHOOSE ONE		CONTACT INFORMATION CHOOSE ONE		CONTACT INFORMATION CHOOSE ONE	
FULL NAME		FULL NAME		FULL NAME	
PHONE		PHONE		PHONE	
OR EMAIL		OR EMAIL		OR EMAIL	
WEBSITE		WEBSITE		WEBSITE	

(B) If you did not list at least three insurers in 3(A) above, describe in detail how you determined that fewer than THREE admitted insurers write the type of insurance described on lines 2(B) and 2(C). \_\_\_\_\_

Is the type of insurance you are reporting as identified in line 2(C) private passenger automobile liability or health? Yes  No   
④ If you answered "yes," please complete the Diligent Search Report Addendum on page 4 of this form.  
The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a non-admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

\_\_\_\_\_  
(Signature of Licensee Named on Line 1) (Date)

SL-2 Form (Revised 08/2023)

