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

2004 vs 2024

Like technology, everything evolves.

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2 (A) Name of Insured (B) Address of Insured (C) Description of Risk	insurance as described in this report;												
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(9) Address of Boursed (1975)													
(I) Standard flowered (II) (II) (III) (IIII) (III) (II	2. (A) Name of Insured						(e.g., Tattoo Parlor, Cannabis Dispensary, Vacant Building, NOT TYPE OF COVERAGE)						
Contract Numbers (Page 1) (C) Descriptions of Risk (Substantions (Insures by completing (A) or, if applicable, (C) Descriptions of Risk (Substantions (Insures by completing (A) or, if applicable, (C) Descriptions of Risk (Substantions (Insures by Completing (A) or, if applicable, (C) Descriptions of Risk (Substantions (Insures by Completing (A) or, if applicable, (C) Descriptions of Risk (Substantions (Insures by Completing (A) or, if applicable, (C) Descriptions of Risk (Substantions (Insures by Completing (R) or, if applicable, (C) Descriptions (R) (Substantions (Insures and Insures and Insures and Insures and Insures and Insures (R) (Substantions (Insures and Insures and Insure													
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(D) Location of Rick (Ca) (Ca) (Ca) (Ca) (Ca) (Ca) (Ca) (Ca)	(C) Description of	f Risk		(Zip Code)									
Complete ALL sections of the bable below. Type of Insurance coverage Complete ALL sections of the bable below.		(e.g. Laundromat, liquor store, NOT 1	YPE OF COVERAGE)				to which you or someone under your supervision submitted the risk described in lines 2(A) through 2(C). Please						
(i) Type of Invariance concerns (iii) Sype of Invariance concerns (iii) Syperiance concerns	(D) Location of R	(Street and	Number)										
Contact Processing Contact Pro				(Zin Corle)			complete i			INSURER (2)		INSURER @	
## AGL D OF DECLATION 1	(E) Type of Insur	rance coverage		(zap Code)									
(B) If YES, please complete ALL sections of the lollowing baller (if NO, sky to Sections.) Full Name of Admitted Company Representative AND Telephone Representa		(Enter Appropriate Code Number fro	m Pg. 3)				NAIC ID	OF DECLINATION	NAIC ID	OF DECLINATION	NAIC ID	OF DECLINATION	
(B) If YS, please complete &LL sections of the following baller (if NO. skp) to Section 8. Fell Name of Admitted Company First & Last Name of Company Representative AD Telephone Employee (b) of Declination Code* Pell Name of Admitted Company First & Last Name of Company Representative AD Telephone Employee (b) of Declination Code* Or - Collision Declination* Website: (
(8) If YES, please complete ALL section of the following table; if NO, skip to Section 8. Fell Name of Admitted Company Refer & Last Name of Company Ryme &							FULL NAME OF	ADMITTED INSURER	FULL NAME OF AL	MITTED INSURER	FULL NAME OF	ADMITTED INSURER	
Fell Name of Admitted Company Representative AND Telephone Number Contract Information Choose ONE Contr		(A) Does the insured qualify as a "Good Driver" under Section 1861 025 of the California Insurance Code?						The state of the s	I I I I I I I I I I I I I I I I I I I	TO MOUNTER			
Full Name of Admitted Company Representative AD Telephone Employee (b)	(B) If YES, please complete ALL sections of the following table; if NO, skip to Section 8:						CONTACTUNEO	BMATION CHOOSE ONE	CONTACT INFORM	IATION CHOOSE ONE	CONTACT INFO	BMATION CHOOSE ONE	
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(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(D) and 2(D). **Declination Codes: 1-Company's capacity reached 2-underwriting reason 3-refused to state 4-other **Declination Codes: 1-Company's capacity reached 2-underwriting reason 3-refused to state 4-other **If Y(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(D) private passenger automobile liability or health? Yes No If you 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(D) private passenger automobile liability or health? Yes No If you 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(D) private passenger automobile liability or health? Yes No If you answered NO, 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 for the sole purpose of securing a rate or premium hower than the lowest rate or premium available from an admitted insurer for the sole purpose of securing a rate or premium hower than the lowest rate or premium available from an admitted insurer for the sole purpose of securing a rate or premium available from an admitted insurer for the sole purpose of securing a rate or premium available from an admitted insurer for the sole purpose of securing a rate or premium available from an admitted insurer for the sole purpose of securing a rate or premium hower than the lowest rate or premium av	2	Website											
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*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 for the sole purpose of securing a rate or premium available from an admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer for the sole purpose of securing a rate or premium available from an admitted insurer for the sole purpose of securing a rate or premium available from an admitted insurer for the sole purpose of securing a rate or premium available from an admitted insurer for the sole purpose of securing a rate or premium available from an admitted insurer for the sole purpose of securing a rate or premium available from an admitted insurer for the sole purpose of securing a rate or premium available from an admitted insurer for the sole purpose of securing a rate or premium available from an admitted insurer.			A	/			le the tree	of incurance you are ren	arting as identified i	n line 2/C) private per		hile liebility or	
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