

**PRODUCING AGENT (RETAIL PRODUCER OR SURPLUS LINES BROKER) DILIGENT EFFORT AFFIDAVIT  
(§§ 10-5-103, 10-5-103.5, C.R.S., & Section 6 of Regulation 2-4-1)**

As a surplus lines broker, I have determined, or if the insurance was produced by a retail producer, I have relied upon the retail producer to determine that the full amount of insurance required was not procurable, after diligent effort had been made to do so, from among at least three (3) admitted insurers authorized to and actually transacting that line of business in this state. Or that the coverage was not procurable because there were less than three (3) admitted insurers authorized to and actually transacting that line of business in this state. Further, that placing the insurance with a non-admitted insurer was not for the purpose of securing a lower premium rate than which would be accepted by an admitted insurer unless the premium rate quoted by the admitted insurer must be ten (10) percent higher than that rate quoted by the non-admitted insurer. In addition, the policy benefits and provisions within the policies being compared shall be comparatively similar.

Name of Producing Agent (Retail Producer or Surplus Lines Broker) \_\_\_\_\_

declares he/she is the holder of a current Colorado Producer License Number \_\_\_\_\_

at (Name of Colorado Licensed Insurance Agency) \_\_\_\_\_

Has sought to obtain (Type of Coverage & Description of Risk) \_\_\_\_\_

For Named Insured \_\_\_\_\_ for a New \_\_\_\_\_ or Renewal \_\_\_\_\_

Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_ to \_\_\_\_\_

from the following three admitted insurers currently transacting this line of business in this state:  
Please enter complete names of three (3) Colorado Admitted Insurers that declined to write this policy.

(1) \_\_\_\_\_ NAIC# \_\_\_\_\_ Reason \_\_\_\_\_

(2) \_\_\_\_\_ NAIC# \_\_\_\_\_ Reason \_\_\_\_\_

(3) \_\_\_\_\_ NAIC# \_\_\_\_\_ Reason \_\_\_\_\_

The policy listed above has been produced by me, the above-named Retail Producer or Surplus Lines Broker, and my signature herein is evidence that the insurance is eligible for export (to be placed in the Non-Admitted Surplus Lines Market through a Colorado Surplus Lines Broker) under §10-5-103, C.R.S.

Signature of above-named Producing Agent \_\_\_\_\_ Printed or Typed Name \_\_\_\_\_ Date \_\_\_\_\_

This affidavit must be completed and signed by the Producing Agent (Retail Producer or Surplus Lines Broker), and Brokers placing the insurance shall keep a full and true record in the Surplus Lines Broker's office. The record shall at all times be open to examination by the commissioner. Please do not submit the affidavit to the Colorado Division of Insurance. Email questions to:

[dora\\_coloradoinsurancesurpluslinestax@state.co.us](mailto:dora_coloradoinsurancesurpluslinestax@state.co.us)

**This policy was placed on behalf of an Exempt Commercial Policyholder (10-4-1402). In accordance with 10-5-103 (2) the requirements for diligent search are waived. Check box if applicable.** ☐



### **Colorado Statement**

Coverage provided for this insured has been placed in a non-admitted carrier. The coverage was not procurable through the authorized insurers contracted with this agency.

Agent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_