SOUTH CAROLINA—Diligent Effort Statement

Insured:		
Policy #:		
Effective:		
Diligent Effort made by Produci	ing Agent:	
The following authorized insurer(second carolina decline to accept this risk	_	surance in the state of South
INSURER	REPRESENTATIVE	DECLINED DATE
Provide the Name of at least one a	authorized insurer.	-
Name of person and agency condu Agent South Carolina License Nu		declinations shown above: