



Wyoming Department of Insurance

Statement of Diligent Effort

106 East 6th Avenue Cheyenne, WY 82002
(307) 777 - 7401

(Insured's Name and Mailing Address State Zip Code City)

(Policy Term)

(Type of Insurance Coverage)

(Effective Date Expiration Date)

I (Full Name of Insurance Producer), declare under the penalty of perjury that I have procured the insurance coverage here described pursuant to Chapter 11, Title 26, of the Wyoming Insurance Code, and that the information contained in this Statement of Diligent Effort has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement. Per W.S. 26-11-104(a)(iv), I have confirmed that the insurer is an eligible nonadmitted insurer in the State of Wyoming. Furthermore, as the producing agent I have determined that:

1. A diligent effort has been made to procure the full amount of insurance required from admitted insurers which are authorized to transact, and actually writing, that kind and type of insurance in this state and which have appointed the insurance agent/agency as indicated by signature below..

2. The insurance was not exported for the purpose of securing advantages for either a lower premium rate than would be accepted by an admitted insurer, unless the difference is significant enough to adversely affect the insured if not offered; or because of the terms of the insurance contract, except as identified as critical coverage that is required by the insured and not offered by an appointed admitted insurer.

Among the licensed insurers declining to accept this risk are the following three insurers:

1. Admitted Insurer's Full Name Reason for Declining.

Person Contacted Phone No. Date Contacted or copy of the Appetite Guide showing not acceptable
2. Admitted Insurer's Full Name Reason for Declining

Person Contacted Phone No. Date Contacted or copy of the Appetite Guide showing not acceptable
3. Admitted Insurer's Full Name Reason for Declining

Person Contacted Phone No. Date Contacted or copy of the Appetite Guide showing not acceptable

Please give any additional, pertinent information as to why this policy was placed with Surplus Lines versus Admitted Market:

Signature of Insurance Producer WY Lic. No.:

Name of Insurance Producer's Agency (Type or Print) WY Lic. No.:

Signature of individual Surplus Lines Broker WY Lic. No.:

Date Verified by Surplus Lines Broker: _____

Prior to procuring insurance coverage with a surplus lines insurer, the surplus lines broker shall verify that a properly conducted diligent effort search was performed and documented as required by W.S. § 26-11-104(a). The diligent effort search must be conducted for each new surplus lines policy, when a policy renews, or when there is any material change to an existing policy. The Statement of Diligent Effort shall be retained by the insurance producer and surplus lines broker with the insured's records and is subject to examination by the commissioner. Statement of Diligent Effort Revised: July 30, 2025