

*Diligent Search Attestation – New Jersey*

Insured Name \_\_\_\_\_

Line of Coverage \_\_\_\_\_

I attest to completing the diligent search required by New Jersey prior to binding coverage for the insured listed above through PURE Programs.

The results of the diligent search will be provided to PURE Programs upon request in the event of a regulatory review.

Producer Name \_\_\_\_\_

NJ Producer License # \_\_\_\_\_

Agency Name \_\_\_\_\_