

Diligent Search Attestation - Connecticut

Insured Name _____

Line of Coverage _____

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

I will keep on file during the policy term and for one year thereafter the following details from a minimum of three admitted insurers: name and title of the underwriter declining the coverage, date of declination, and specific reason for the declination.

This information will be promptly provided to PURE Programs upon request in the format required by Connecticut Insurance Code § 38a-741(b).

Producer Name _____

CT Producer License # _____

Agency Name _____