



**CONTRACTOR MANAGING GENERAL INSURANCE AGENCY, INC.**

20335 Ventura Blvd., Ste 426, Woodland Hills, CA 91364

Telephone No.: 866-363- CMGA (2642) FAX No.: 866-234-0415

**SURPLUS LINES FILING DECLINATIONS DETAILS**

<b>Agency Name:</b>			
<b>Producing Agent Name:</b>		<b>License Number</b> (provide SL # if applicable):	

<b>Name of Insured:</b>			
<b>Policy Number</b>		<b>Effective Date:</b>	

*This form is to be used to document efforts to place coverage with an admitted carrier. Identify at least three admitted carriers marketing the class of business that declined the risk.*

<b>Full name of admitted carrier</b>	<b>NAIC code</b>	<b>Full name of representative</b>	<b>Phone number</b>	<b>Reason for declination*</b>
1.				
2.				
3.				

*\*Acceptable reasons include: (a) unacceptable class of business, (b) no market, (c) underwriting reasons, (d) company capacity reached. Explanation must be provided if for any other reasons.*

*The undersigned licensee hereby certifies that A) the insured was expressly advised prior to placement of this insurance in the **surplus lines** market and 2) this report is true and correct.*

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**Signature of producing agent signature**