

DILIGENT SEARCH REPORT

Please complete this report describing your diligent search for coverage on behalf of your client with California authorized private workers' compensation insurers. Submit this original report to State Fund and retain a copy of the report with the policy for your records and for inspection by the Department of Insurance.

_____ hereby submits that he/she is a duly authorized insurance broker under California Department of Insurance license number _____; or is duly licensed and authorized to act on behalf of an organizational license of _____, under California Department of Insurance license number _____, State Fund Access Number _____
 Name of Insured _____

| Insurer Name | Source ¹ | Date | Reason Given for Declination ² |
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that, prior to submission for a quotation by the State Compensation Insurance Fund, this risk has received a diligent search of private workers' compensation insurers that to my knowledge provide coverage to employers of similar payroll size and employee classifications, and that no other quote has been received from any other carrier:

Date _____ and Place _____ where signed

_____ (Print Name)

_____ (Signature)



¹ Name of individual, agency (if applicable), and telephone no. or other contact information.
² Use additional sheets if necessary to provide full explanation of the declination.