



DILIGENT SEARCH REPORT

1. _____ hereby submits that he/she is:

(Full Name of the Individual)

(A) Duly Licensed under the _____ Department of Insurance, License Number _____

OR (B) Duly Licensed & Authorized to act as an endorsee on the Organizational License of

_____, _____ Department of Insurance License Number _____

(Name of Organization)

and (C) that he/she or said Organizational Licensee was engaged by the insured named herein, or the insured's broker, to obtain insurance as described in this report; and (D) is the licensee who preformed or supervised this diligent search.

2. (A) Named Insured _____

(B) Address of Insured _____

(C) Description of Risk HABITATIONAL RISKS – DWELLINGS ONE TO FOUR FAMILY

(D) Location of Risk _____
(Street & Number)

(E) Type of Insurance Coverage FA9C

Pursuant to Arizona Revised Statutes Section 20-401.1, Sub-Section B, Paragraph 1, this policy is issued by an insurer that does not possess a certificate of authority from the Director of the Arizona Department of Insurance. If the insurer that issued this policy becomes insolvent, insureds or claimants will not be eligible for insurance guaranty fund protection pursuant to Arizona Revised Statutes Title 20.

The undersigned licensee hereby certifies that this report is true and correct, and that this is not being placed with a non-admitted insurer for the sole purpose of securing a rate of premium lower than the lowest rate or premium available from an admitted insurer.

(Signature of Licensee Named on Line 1)

(Date)