DILIGENT SEARCH REPORT

(Please Refer to the Instructions on Page 3 of This Form)

1.	David Meyer		hereby submits that he/she is:				
	(Full Name of the Individual			2367			
ΩP			rance license number0D78 on the organizational license of	;			
UK	(b) Dury neemsed and address.		nia Department of Insurance lic	cense number :			
	(Name of Organizat	tion)					
			ged by the insured named herei	n, or the insured's broker, to obtain			
	rance as described in this reportion (D) is the licensee who perforn		gent search				
ana	(D) is the neclisee who perform	ned of supervised and anny	gent search.				
2.	(A Name of Insured						
	(D) Adduses of Insured						
	(B) Address of Insured _	(Stree	et and Number)				
	_		· · · · · · · · · · · · · · · · · · ·				
	(C) Description of Pick	(City)	(State)	(Zip Code)			
	(C)Description of Kisk_	(e.g. Laundromat, liquo	or store, NOT TYPE OF COVERA	GE)			
	(D) Location of Risk						
			(Street and Number)				
		(City)	(State)	(Zip Code)			
	(E) Type of Insurance co	Overage	ate Code Number from Pg. 3)				
		(Епсет търргоргия	ne code (vamber from 1 g. 5)				
3.			ance is identified on line 2(E), or which was Section 1861 025 of the				
	(A) Does the insured qualify as a "Good Driver" under Section 1861.025 of the California Insurance Code? (CHECK ONE) YES NO						
	(,	_				
			clude, in whole or in part, the lint (CAARP)? (CHECK ONE)	mits of coverage provided under the YES □ NO□			
	(C) If YES, has this	rick been submitted to and	d found to be ineligible by CAA	RD9			
	(CHECK ONE)			KI:			
If yo			ith a non-admitted insurer. (See	Insurance Code section 1763.5)			
	TOTT 1.1 T		.1 .1 .1 .1 .1 .1 .1 .1 .1 .1 .1 .1 .1 .	1 " 1 0 1 10 700()			
4.	the California Insurance C		the insured quality a a "Small E YES	mployer" under Section 10700(x) of NO \square			
	the Camornia msurance C	ode: (CHECKONE)	1E5 🗀	110 🗆			
5.	If this insurance was place	ed pursuant to Section 125	et seg. of the California Insuran	ce Code governing tansactions with			
	risk purchasing groups authorized by the Federal Liability Risk Retention Act of 1986, complete the following:						
	(4) 5 11 1		0.11.1.1				
	(A) Provide the name and	address of the purchasing	g group of which the insured is	a member			
6.				s and describe how the search wa			
		please add additional pages if necessary): ed with several insurance carrier for replacement.					
	Checked with sev	erai insurance carrier	tor replacement.				
							

insurers that are admit 2(E)? (CHECK ON	tted in California and who actually write the IE) YES \Bar NO \Bar	type of insurance de	escribed on lines 2(C) and
(B) If YES , please compl	ete <u>ALL</u> sections of the following table; if N	O, skip to Section 8:		
Name of Admitted Company	First & Last Name of Company Representative AND Telephone Number	Check if Employee (E) or Agent (A)	Month, Year of Declination	Declinat Code
Mercury Insurance Company	or "Online Declination" Website www.mercuryinsurance.com	E (<) A ()	/	2
ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY	or "Online Declination" Website www.alliedinsurance.com	E (\$\tilde{\pi}\) A (/	2
RAVELERS COMMERCIAL	website www.amedinsdranec.com	E (🗹		
NAVELERS COMMERCIAL SURANCE COMPANY	or "Online Declination" Website www.travelersinsurance.com	A (□)	/	2
*Declination Codes: 1 - Compa	Website www.travelersinsurance.com any's capacity reached 2-underwriting rea		o state 4- other	
*Declination Codes: 1 - Compa 8. If 7(A) was answered 1 (A) Did you determine to and 2(E)? (CI	Website www.travelersinsurance.com any's capacity reached 2-underwriting reached NO, complete the following: that fewer than 3 admitted insurers actually we hear than YES NO tin in detail why the risk was submitted to le	son 3-refused t	ance described on lin	nes 2(C)
*Declination Codes: 1 - Compa 8. If 7(A) was answered 1 (A) Did you determine t and 2(E)? (CI (B) If NO, please expla write this type of insuran	Website www.travelersinsurance.com any's capacity reached 2-underwriting reached NO, complete the following: that fewer than 3 admitted insurers actually we hear than YES NO tin in detail why the risk was submitted to le	son 3-refused t	ance described on lin	nes 2(C)

(B) If search was performed by someone other than the person named on line 1, please provide full name of that

INSTRUCTIONS

SECTION 1: Please provide the full name of the licensed individual who performed or supervised the diligent search. If the search was performed under the individual's license number, enter his/her license number in section (A) or if the individual was authorized as an endorsee under an organizational license, enter the name of the organization and its license number in section (B).

SECTION 6: Please provide a complete response on section (A). Note: The Insurance Commissioner or his designee may require the surplus line broker to conduct a further or additional search among admitted insurers for similar placements in the future. [California Insurance Code Section 1763(b)] An incomplete response may unnecessarily result in a request for a further search to be conducted. If the individual named on line 1 did not perform the diligent search, please provide the full name of the individual who performed the search on section (B).

SECTION 7(B): To avoid mis -identification among insurers with similar names, please provide the complete name of the admitted insurer as listed in the CDI Official Publication of Admitted Companies.

Insurer group names, such as Cigna Group, Chubb Group, California Ins. Group, Hartford Group, etc., are acceptable if the person performing the search verifies that the representative of the group, who declines the risk, does in fact represent an admitted insurer in the group that actually writes the particular type of insurance being sought.

IMPORTANT: Persons who are licensed only as an agent may only submit a risk to admitted insurers that have appointed them as their agent. Agents are not authorized to offer a risk to admitted insurers for which they are not appointed agents. A search which is limited to only those companies that have appointed the agent may not necessarily constitute a diligent search of the admitted market.

WHAT TO FILE: This report must be filed as an attachment to the Report of Placement. (CDI Form SL-1).

WHERE TO FILE: The SL-1 and this report are to be filed by the surplus line broker with The Surplus Line Association of California within 60 days of placement of coverage with non-admitted insurer(s).

MULTIPLE LICENSEES CONDUCTING SEARCH: If two or more licensees conduct a diligent search of admitted insurers, then each licensee must complete a diligent search report (CDI Form SL-2). All such reports should be attached to the SL-1.

CODE TYPE OF INSURANCE			CODE TYPE OF INSURANCE		
050	Auto Liability-Private		510	Aviation	
051	Auto Liability-Commercial	550	Errors & Omissions-All Others		
100	Auto Physical Damage-Private		551	Errors & Omission-Directors & Officers	
101	Auto Physical Damage-Commercial		600	Malpractice-All Other	
150	Crime		606	Malpractice-Hospitals	
151	Crime-Kidnap & Ransom		650	Miscellaneous	
200	Combined Auto Liability & P.DPrivate		651	Miscellaneous-Glass	
201	Combined Auto Liability & P.DComm.		652	Miscellaneous-Boiler & Machinery	
300	Excess Liability (Incl. Umbrella)		653	Miscellaneous-Nuclear Risks	
350	Fidelity Surety & Bonds-Bonds		655	Miscellaneous-Political Risks	
351	Fidelity Surety & Bonds-Fidelity		700	Accident	
400	Fire-Single Family Dwelling, Duplex		701	Accident-Disability Income	
401	Fire-Commercial		702	Accident-Group Health Ins.	
402	Fire-Homeowners	703	Accident-Ind. Health Ins.		
403	Fire-Homeowners Multiple Peril		800	Garage Liability	
404	Fire-Farm Owners Multiple Peril		980	Excess Workers Compensation	
414	Residential Earthquake		990	Commercial Property-All Risk	
450	Inland Marine		994	Commercial Property-Special Multi-Peril	
500	General Liability		996	Commercial Property-DIC	
501	Gen. Liability-Pollution Legal Liability		997	Commercial Property-Earthquake	
502	General Liability-Product Tampering		998	Commercial Property-Terrorism	
			999	Commercial Property-Special Multi-Peril w/Terrorism	

(This list does not include those coverages on the export list. An updated export coverage list is published every year by the California Dept. of Insurance.)