

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Number _____

Name of Agency _____

Has sought to obtain:

Type of Coverage _____ for

Named Insured _____ from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Authorized Insurer _____

Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent

Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes ___ No ___ Date Verified: _____

Co-Brokering Agreement

This agreement is effective the _____ day of _____, 20__, between
Kenneth E. Kukral and, _____
_____ (Broker) located at _____

_____ for the purposes of co-brokering insurance policy(s) for
(Insured) _____ located at

Kenneth E. Kukral and Broker (Hereinafter collectively referred to as
“Parties”) hereby agree as follows:

1. Broker represents that it holds and will maintain a valid insurance broker and/or producer license in every state in which it produces business for Kenneth E. Kukral
2. Broker will provide necessary documentation so that Kenneth E. Kukral may maintain a file on any specific account.
3. Kenneth E. Kukral will use the services of their affiliate company WillComply LLC to process any required surplus lines tax filings as required by that state.
4. Broker agrees to comply with submitting all required completed forms and will submit any tax payments or associated fees as outlined by Kenneth E. Kukral or WillComply.

Commission will be paid by Broker for their services as the co-broker on this account. Commission will be will be 1% of the premium or as outlined by WillComply and will be paid at the time the surplus lines filing is sent in to be processed.

Broker: _____

By: _____

Printed Name: _____

Date: _____

By: X _____

Printed Name: Kenneth E Kukral

Date: _____