



# West Virginia Offices of the Insurance Commissioner

## Due Diligence Form (Form DDF – Revised 8/2024)

New

Renewal

Rewrite

Policy Number

This form must be forwarded to the licensed surplus lines licensee placing the risk in the surplus lines market and **must be retained** in his or her office and may be examined at any time by the commissioner pursuant to W.Va. C.S. R. §114-20-4.2(a) and §114-20-4.5.

1. \_\_\_\_\_ hereby submits that he/she is a duly licensed individual insurance producer under West Virginia Offices of the Insurance Commissioner license number: \_\_\_\_\_  
Producer Name (Type or Print)

### 2. Risk Description

(A) Insured Name

Type or Print

(B) Address of Insured

Street and Number, City, State, Zip

(C) Description of Risk

e.g. Laundromat, Liquor Store. (Do Not List Type of Coverage)

(D) Location of Risk

Street and Number, City, State, Zip

(E) Type of Coverage

3. Is the type of coverage described on lines 2(C) and 2(E) on the current West Virginia Export List for both the type of insurance and the location in the State? **YES** **NO**

**If you answered NO, continue to Number 4 below.**

4. I declare under penalty of perjury, that I have made a diligent search to procure the insurance coverage described above for licensed insurers in West Virginia which are authorized to transact the kind of insurance involved and which provide, in the course of business, coverage comparable to the coverage being sought. I have contacted the insurers that I represent customarily writing the find of insurance requested by the insured and have been unable to procure said insurance. The licensed insurers declining to insure this risk are as follows:

Full Name of Admitted Company	NAIC #	Name of Company Representative and Telephone Number	Date of Declination	Declination Code*
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\*Declination Codes: 1=Company’s Capacity Reached; 2=Underwriting Reason; 3=Refused to State; 4=Other

If Other was used as a Declination Code, explain below:

### NOTICE TO INSURED

I, \_\_\_\_\_, have been expressly advised prior to the placement of the insurance that:  
Insured Name (Print or Type)

- 1) The surplus lines insurer with which the insurance is placed is not an admitted authorized insurer in this State and is not subject to the Insurance Commissioner’s supervision; and
- 2) In the event the surplus lines insurer becomes insolvent, claims will not be paid nor will unearned premiums be returned by any West Virginia guaranty fund.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

The undersigned licensed individual insurance producer who performed or supervised the diligent search hereby certifies that this report is true and correct, and that this risk is not being placed with a non-admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

\_\_\_\_\_  
Name of Licensed Individual Insurance Producer (Print or Type)

\_\_\_\_\_  
Signature of Licensed Individual Insurance Producer

\_\_\_\_\_  
Date