

CT Evidence of Declination

Insured Name:

Risk Address:

Policy Type:

Producing Agent:

CT License No:

Agency Represented:

CT License No:

The amount of insurance procured from an unauthorized insurer or insurers is only the excess over the amount so procurable from authorized insurers.

Authorized Companies Declining the Risk:

1

Name of Company

NAIC Code

Date of Declination

Specific Reason for Declination

Company Representative Declining Risk

Title

2

Name of Company

NAIC Code

Date of Declination

Specific Reason for Declination

Company Representative Declining Risk

Title

3

Name of Company

NAIC Code

Date of Declination

Specific Reason for Declination

Company Representative Declining Risk

Title

Signature of Producing Agent

Date