

DILIGENT SEARCH REPORT

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

1.	Andee Abad (Full name of the Individual)	hereby submits that he/she is:		
	(A)	Duly licensed under California Department of Insurance license number	0746477	;
OR	(B)	Duly licensed and authorized to act as an endorsee on the organizational license of		
		New Empire Entertainment Insurance. (Name of Organization)	California Department of Insurance license number	0G13492 ;
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 performed or supervised this diligent search.		

2.	(A)	Name of Insured	Hub			
	(B)	Address of Insured	werovo (Street and Number)			
			fo (City)	CA (State)	20016 (Zip Code)	
	(C)	Description of Risk	Film Producer - Blanket DICE (e.g. Laundromat, liquor store, ...NOT TYPE OF COVERAGE)			
	(D)	Location of Risk	NY (Address of Risk Location)			
	(E)	Type of Insurance coverage	CGL (Enter Appropriate Code Number from pg.10)			

-
3. If **Private Passenger Automobile Liability Insurance** is identified on line 2(E), complete the following:
- (A) Does the insured qualify as a "Good Driver" under Section 1861.025 of the California Insurance Code?
(CHECK ONE) YES ☐ NO ☒
- (B) Does the coverage that you have placed include, in whole or in part, the limits of coverage provided under the California Automobile Assigned Risk Plan (CAARP)?
(CHECK ONE) YES ☐ NO ☒
- (C) If YES, has this risk been submitted to and found to be ineligible by CAARP?
(CHECK ONE) YES ☐ NO ☒

If your answer is NO, then this coverage cannot be placed with a non-admitted insurer. (See Insurance Code section 1763.5)

-
4. If **Health Insurance** is identified on line 2(E), does the insured qualify as a "Small Employer" under Section 10700(x) of the California Insurance Code?
(CHECK ONE) YES ☐ NO ☒

-
5. If this insurance was placed pursuant to Section 125 et seq. of the California Insurance Code governing transactions with **risk purchasing groups** authorized by the Federal Liability Risk Retention Act of 1986, complete the following:
- (A) Provide the name and address of the purchasing group of which the insured is a member _____

-
6. (A) **Describe the diligent efforts made to place this coverage with admitted insurers and describe how the search was performed (please add additional pages if necessary):**
PHONE CALLS AND APPLICATIONS SENT TO VARIOUS CARRIERS

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

7. (A) Was the risk described in Section 2 submitted by you or by someone under your supervision to at least (3) insurers that are admitted in California **and** who actually write the type of insurance described on lines 2(C) and 2(E)?

(CHECK ONE) YES ☒ X NO ☐

(B) If YES, please complete **ALL** sections of the following table; if NO, skip to Section 8

Full Name of Admitted Company	First & Last Name of Company Representative AND Telephone Number	Check if Employee (E) or Agent (A)	Month, Year of Declination	Declination Code*
1. Travelers Insurance NAIC # 28188	() - or "Online Declination" Website	E () A (X)	12/09/2017	2
2. Chubb Indemnity Ins. NAIC # 12777	() - or "Online Declination" Website	E () A (X)	12/09/2017	2
3. One Beacon NAIC # 21970	() - or "Online Declination" Website	E () A (X)	12/09/2017	2

*Declination Codes: 1 - Company's capacity reached 2-underwriting reason 3-refused to state 4-other

8 If 7(A) was answered NO, complete the following:

- (A) Did you determine that fewer than 3 admitted insurers actually write the type of insurance described on lines 2(C) and 2(E)?

(CHECK ONE) YES ☒ X NO ☐

- (B) If NO, please explain in detail why the risk was submitted to less than three admitted insurers in California that write this type of insurance.

- (C) If YES, please describe how you made this determination PHONE CALLS AND APPLICATIONS SENT TO VARIOUS CARRIERS

The undersigned licensee 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.


Authorized Representative

11/09/2017

(Signature of Licensee Named on Line 1)

(Date)

DILIGENT SEARCH REPORT SL-2 -- “HELPFUL HINTS”

Because of the high volume of tags associated with the completion of the new Diligent Search Report Form SL-2 form, below are “helpful hints” in completing the form.

MOST IMPORTANT: the form must be clear and legible.

Question #1: Enter either the license number in (A) **OR** enter the name of the organization and its license number in (B). *Do not enter information on both (A) and (B).*

Question #2(A) & 2(B): The SL-2 form must exactly match the Insured’s information contained in the application and binder (e.g. Name and Mailing Address)

Question #2(C): The description in (C) should state what is being covered by this policy (e.g. contractor, property owner, apartment, etc.), not what type of coverage of the policy (e.g. general liability, property, etc.)

Question #2(D): The street address is required for the location of the risk. If you have multiple physical addresses, simply type “*Various locations as on file with the company*”. If the address is identical to the mailing address, simply type “2B” (do not type “Same” or “Same as 2B”).

Question #2(E): List the appropriate code number for the Type of Insurance (e.g. 500 for General Liability, 994 for Multi-Peril/Package, 990 for Property, 450 for Inland Marine, etc.)

Questions #3, #4, #5 and #6(B): **Leave blank -- Do not mark “NO” or “N/A” and do not cross-out this section.**

Question #6(A): Ensure that it simply states that phone calls and applications were submitted to the listed companies.

Question #7(A): Should be marked **YES**

Question #7(B):

All of the insurance companies listed, as rejecting coverage, must have the NAIC number written beside their name. Feel free to email Kristen Wheatley in our office to obtain that number (Email: kristenw@monarchexcess.com).

Make sure all names of the representatives are listed along with their telephone number. Also, either an “E” (Employee) or an “A” (Agent) must be selected.

-The “Month, Year of Declination” must be before the effective date of the policy.

Question #8: **Leave blank -- Do not mark “NO” or “N/A” and do not cross-out this section.**

Signature Line: The signature must match the name of the person on Question #1

Signature Date: The date must be before the effective date of the policy