

AFFIDAVIT OF ORIGINATING AGENT OR BROKER DUE DILIGENCE EFFORT

State of:	1					
City and County of:	Le Osnego	- OR				
Producing agent:And	new Choru	Moy				
Agency/producer license #:	8864676	0		2	· · · · · · · · · · · · · · · · · · ·	
The producing agent affirms th state, and that being unable to through the surplusl lines mark	place such coverage(s), ir	n the admitted i	nsurance market, th	ne required in		
Name of insured: PNU	o Moving a.	nd Del	ivery LL	C		
Type of risk: House	nold Goods	Moness				
The following authorized licens	sed Insurer(s) were contact	ted by this prod	lucer:			
1. Insurer: Transqu	uard Ins Co		Person con	tacted:	(cover Wils	w
V	- 913-1232 Date of	contacted:	5/1/23	NAIC #:	28886	
The reason(s) for declina		1	n Courage	<u> </u>	CAB	
2. Insurer: Mover	· Choice / Amit	trust	Person con	tacted:	Brandon L	acm
Telephone #: 707	- 26(-2738 Date of	contacted:	5/2/23	NAIC #:	15954	
The reason(s) for declina	tion by the insurer:	-ape in	convage	-		
3. Insurer: BHHC	1		Person con	tacted:	Jill Follow	
Telephone #: 402	- 916 -3575 Date of	contacted:	5/10/23	NAIC #:	20044	
The reason(s) for declina	tion by the insurer:	Filing	5			
The information that the insural insured prior to procuring the in as reasonably possible.	nce was being quoted, and nourance with a non-admit	d would be place ted insurer and	ed with a surplus lir that the insured(s)	nes insurer, v signature the	was (or will be) made kn ereon was (or will be) ob	own to the tained as soon
	;	Signed:	1	Un	ny	
			(Ori	ginating age	nt, brøker or producer)	
	/	Agency:	Anchor I	Ingaran	or and Sn	dy Enc
	,	Address:	me Conte	pointe	Dr. \$190	/
			Lake Osa	vego,	OK 97635	
	F	Phone:	(503) 224	- 250	٥	
	E	E-mail:	achor 46	y @ A	Anchorias. Co	m