

Guide for Completing the California SL-2 (Diligent Effort Affidavit) Form

Note: Accurate completion of the SL-2 form ensures your agency complies with California's surplus lines regulations. Proper documentation demonstrates due diligence and protects both the agent and the agency from potential regulatory scrutiny. Submitting a complete, correct form helps prevent delays in the binding and filing process.

- Please ensure all fields are complete and accurate before submission.
- Incomplete or incorrect forms can cause delays or rejections during compliance review.

Step 1: Agency Information

- **Agent Name:** Enter your full name as it appears on your California license.
- **License Format:** CA licenses may include both letters and numbers.
- **Required Sections:** Section A and/or B must be completed. You may complete both, but at least one is required.

The Surplus Line Association of California DILIGENT SEARCH REPORT (SL-2 FORM)

1	Before completing this report, please review the instructions on page 2.
	I, _____, hereby submit that I performed or supervised this diligent search, and I am:
	(A) licensed as an individual agent-broker for the applicable lines of insurance or surplus line broker under California license number _____; OR
	(B) licensed and an endorsee on the license of _____ (Full Name of Organization), California license number _____

Step 2: Insured and Coverage Details

- **Insured Name:** Enter the legal name of the insured.
- **Risk Description:** Briefly describe the type of risk being covered (e.g., commercial trucking operations).
- **Type of Coverage:** Indicate all relevant lines of business (e.g., AL, APD, MTC). Ensure every applicable coverage is listed under the insured/submission.

②	(A) Name of Insured: <input type="text"/>
	(B) Description of Risk: <input type="text"/> (e.g., Tattoo Parlor, Cannabis Dispensary, Vacant Building, NOT TYPE OF COVERAGE)
	(C) Type of Insurance or Coverage Code: <input type="text"/>

Step 3: Declination Details

- **NAIC Number:** Enter the 5-digit NAIC ID of the declined admitted insurer. Look up via [NAIC Consumer Info](#).
 - **Note:** Ensure the declined admitted insurer is licensed in the state of California. Look up via [CA Department of Insurance - Company Profile Search](#).
- **Month/Year of Declination:** Use the MM/YY format. This is typically based on the quote effective date.
- **Admitted Insurer's Name:** Enter the full, legal name of the admitted insurer.
- **Contact Info:** Provide at least one of the following:
 - Name and phone/email of insurer contact
 - OR
 - Website (required if the quote attempt was online)

Describe the diligent efforts made to place this coverage with admitted insurers by completing (A) or, if applicable, (B) below.

③ (A) List the insurers admitted in California who actually write the type of insurance described on lines 2(B) and 2(C) to which you or someone under your supervision submitted the risk described in lines 2(A) through 2(C). Please complete **ALL** sections of the table below.

INSURER ①		Type of Insurance or Coverage Code	INSURER ③	
NAIC ID	MONTH, YEAR OF DECLINATION		NAIC ID	MONTH, YEAR OF DECLINATION
FULL NAME OF ADMITTED INSURER			FULL NAME OF ADMITTED INSURER	
CONTACT INFORMATION			CONTACT INFORMATION	
FULL NAME			FULL NAME	
PHONE / EMAIL			PHONE / EMAIL	
OR WEBSITE			OR WEBSITE	

(B) If you did not list at least three insurers in 3(A) above, describe in detail how you determined that fewer than **THREE** admitted insurers write the type of insurance described on lines 2(B) and 2(C).

Step 4: Signature and Certification

- **Signature & Date:** The signing agent (the agent named in Section 1 of the SL-2 form) must complete this to certify accuracy.
- **Checkboxes:** Select “No”.
- **Form Version Check:** Ensure the form includes the footnote: “*Revised 01/2024*” to confirm it’s the latest version.

④	Is the type of insurance you are reporting as identified in line 2(C) private passenger automobile liability or health? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If you answered “yes,” please complete the Diligent Search Report Addendum .

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.

(Signature of Licensee Named on Line 1)	(Date)