

*Diligent Search Attestation*

*Arizona*

Insured Name \_\_\_\_\_

Line of Coverage \_\_\_\_\_

I attest to completing a diligent search of the admitted market required by Arizona prior to binding coverage through PURE Programs for the insured listed above.

The results of the diligent search will promptly be provided to PURE Programs upon request in the event of a regulatory review.

Producer Name \_\_\_\_\_

Producer License # \_\_\_\_\_

Agency Name \_\_\_\_\_