

*Diligent Search Attestation*

*North Carolina*

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

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

I attest to completing the diligent search required by North Carolina prior to binding coverage for the insured listed above through PURE Programs. I have verified that after a diligent search I was unable to procure the full amount or kind of insurance necessary to protect the risks of this insured from any insurance company licensed to do business in North Carolina.

I further attest to notifying the insured in writing that the insurer with which the coverage has been placed is not licensed by this State and is not subject to its supervision and in the event the insurer who issued this policy becomes insolvent, losses will not be paid by any State guaranty or solvency fund.

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

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

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

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