

**MISSISSIPPI DEPARTMENT OF INSURANCE  
RETAIL INSURANCE PRODUCER NONADMITTED INSURANCE FORM**

Miss. Code Ann. § 83-21-19(1)(c) and § 83-21-23(1) provide that certain insurance coverages that cannot be procured from admitted insurers may be procured from eligible nonadmitted insurers after a diligent search. This form sets forth the supporting information provided by a retail insurance producer as to the diligent search the retail insurance producer conducted before determining the necessity of placing the business in the nonadmitted market. Upon completion by the retail insurance producer, this form may be retained by the surplus lines insurance producer that places the risk in the nonadmitted market in satisfaction of the diligent search requirements mandated by Miss. Code Ann. § 83-21-19(1)(c) and § 83-21-23(1).

If used to satisfy the diligent search requirements, this form must be attached by the surplus lines insurance producer to the certification form completed by the surplus lines insurance producer pursuant to MID Bulletin 2012-4. This form is subject to review by the Commissioner upon request. The licensed Mississippi retail insurance producer must expressly advise the insured that, in the event of the insolvency of the nonadmitted insurer, **CLAIMS OR LOSSES WILL NOT BE PAID BY THE MISSISSIPPI INSURANCE GUARANTY ASSOCIATION.**

**RETAIL INSURANCE PRODUCER CERTIFICATION**

As required by Miss. Code Ann. § 83-21-19(1)(c) and § 83-21-23(1), a diligent effort must be conducted to place the risk with an admitted company. The insurance producer signing below certifies that he or she engaged in a diligent effort to place the risk with an admitted company or companies before the risk was submitted to a surplus lines insurance producer.

Please state in detail the reason for placing the coverage with an eligible nonadmitted insurer or insurers:

---

---

---

---

---

Retail Insurance Producer's Name: \_\_\_\_\_

Retail Insurance Producer's Mississippi License Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
(Retail Insurance Producer)