

**California Commercial Automobile Insurance Procedure
Notice of Agency Acquisition/Transfer/Merger**

Assigned Company _____

Assigned Company Address _____

New Producer Information

Name _____

Address _____

License No. _____

S.S. or Tax ID No. _____

Telephone No. _____

Prior Producer Information

Name _____

Address _____

License No. _____

S.S. or Tax ID No. _____

I hereby affirm the transaction contained
within this form.

Prior Producer's Signature

Date

Statement of New Producer

I hereby certify that I am a duly licensed certified producer in the state of California.

I understand this change of producer shall become effective for each policy shown below as of the effective date of the renewal.

I understand that, as of the effective date of this change, all future compensation transactions related to return premium and additional premium shall be my responsibility as the new producer of record.

I understand that it is my responsibility to notify each insured listed below with regard to this change of producer.

Date of Completion of Form _____

New Producer's Signature/Date _____

This form must be fully completed, signed by both the new and prior producer, and forwarded immediately to each assigned company.

| | NAME OF INSURED | POLICY NO. | EFFECTIVE DATE |
|----|-----------------|------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

**Please provide AIP Case number if policy number is unknown.*

For additional insureds, please complete and include a separate sheet.