

NEW JERSEY COMMERCIAL AUTOMOBILE INSURANCE PLAN
PLAN OF OPERATION

AUTHORIZATION TO CHANGE PRODUCER OF RECORD

Assigned Company: _____ Insured Name: _____
Company Address: _____ Policy Number: _____

Statement of Insured:

I, _____, hereby request and authorize my assigned insurance company, named above, to amend my policy to reflect a change of my producer from

_____ to _____
old producer of record new producer of record

effective as of _____
Date

This change of producer shall become effective as of the effective date stated herein only if this form is sent within three working days by certified mail or received by the assigned carrier prior to the effective date stated herein. Otherwise, this change shall become effective as of the date this form is received by the assigned carrier.

Insured's Signature/Date _____

New Producer Information:

Producer Name: _____

Producer Address: _____

Producer License Number: _____

Producer IRS/S.S. Number: _____

Producer Telephone Number: (_____) _____

Statement of New Producer:

I hereby certify that I am a duly licensed producer in the state of New Jersey and I am certified with the New Jersey Commercial Automobile Insurance Plan.

I understand that all compensation transactions related to return and additional premium for the current policy period shall be the responsibility of the prior producer of record. However, all compensation transactions for any subsequent policy periods shall be my responsibility.

New Producer's Signature/Date _____

This form must be fully completed, signed by both the insured and producer, and forwarded immediately to the assigned company named herein.