

NEW JERSEY COMMERCIAL AUTOMOBILE INSURANCE PLAN
PLAN OF OPERATION

NOTICE OF AGENCY ACQUISITION/TRANSFER/MERGER

Assigned Company: _____

Company Address: _____

New Producer Information:

Name: _____

Address: _____

Producer License Number: _____

Producer IRS/S.S. Number: _____

Producer Telephone Number: (_____) _____

Prior Producer Information:

Name: _____

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 this change of producer shall become effective as of the date the form is received by the assigned carrier or as of the date requested on the form, whichever is later.

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.

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

Requested Effective Date of Change: _____

New Producer's Signature/Date: _____

This form must be fully completed, signed by both the new and prior producers, and forwarded immediately to each assigned company. The new producer must notify the Plan regarding any changes in affiliation affected by this transfer of business.

	NAME OF INSURED	POLICY NUMBER*
1.		
2.		
3.		
4.		
5.		

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

For additional insureds, please attach a separate sheet.