

APPENDIX

New Jersey Personal Automobile Insurance Plan

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 _____ prior producer of record to _____ new producer of record effective as of _____ Date

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

Insured's Signature/Date _____

New Producer Information:

Name: _____
Address: _____

License Number: _____
IRS/S.S. Number: _____
Telephone Number: (_____) _____

Prior Producer Information:

Name: _____
Address: _____

Statement of New Producer:

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

I understand that, as of the effective date of this change in accordance with Appendix D.1, all future compensation transactions related to return premium and additional premium shall be my responsibility as the new producer of record.

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.