New Jersey Personal Automobile Insurance Plan

Notice of Agency Acquisition/Transfer/Merger

Assigned Company: _____

Address: _____

_____

New Producer Information:

Name: _____

Address: _____

_____

License Number: _____

IRS/S.S. Number: _____

Telephone Number: _____

Prior Producer Information:

Name: _____

Address: _____

License Number: _____

IRS/S.S. Number: _____

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 producer in the state of New Jersey and am certified with the New Jersey Personal 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, as of the effective date of this change in accordance with Appendix D.2, 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.

Requested Effective Date of Change: _____

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. 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.

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