



**RT SPECIALTY – POLICY TRANSFER FORM**

(Please type or print your answers. Use a separate answer sheet if necessary)

**Agency Acquiring Policies**

Legal Name & DBA: \_\_\_\_\_ Agent Code: \_\_\_\_\_  
Location Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
Taxpayer ID No: \_\_\_\_\_ (Please attach completed W-9 Form)

**Agency Releasing Policies**

Agency Name: \_\_\_\_\_ Agent Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Mail 1099 to Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**Policy Transfer Information**

Acquisition  Merger  Other \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

**This transfer includes the following insurance policies:**

Personal Lines Only  Commercial Lines Only  All Policies  
 Renewals Only  New Business  All In Force Business

**This transfer includes the sale of the following office locations (if applicable):**

All Offices  Specific Offices - If so, please provide addresses

**Financial Information for Acquisitions/Mergers**

Please explain the terms of the acquisition/merger in respect to Assets and Liabilities of the acquired agency:

Which party is financially responsible for transaction on in-force business taking place after the date of the acquisition/merger?  Purchasing Agent  Selling Agent

Which party is financially responsible for the existing liabilities of the selling agent (if applicable)?  Purchasing Agent  Selling Agent

Is your accounting centralized in one office?  Yes  No

Accounting Contact Name/Email: \_\_\_\_\_

***Be sure to include copies of: Licenses, E&O Declarations, and W-9 Form***

**Bill of Sale or Legal document of change REQUIRED with this questionnaire for Acquisitions/Mergers.**

Agency Acquiring Policies

Agency Releasing Policies

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Return the completed questionnaire and attachments to the Myron Steves Business Development Department:

**Email: HouRTagentrelations@rtspecialty.com**

**Facsimile: 713.351.8405**