

MYRON STEVES & TRYTON – 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: mfsmarketing@myronsteves.com

Facsimile: 713.351.8405