

## COMMONWEALTH AUTOMOBILE REINSURERS

101 Arch Street, Suite 400 Boston, Massachusetts 02110 www.commauto.com 617-338-4000

## AUTHORIZATION FOR THE SALE AND TRANSFER OF MAIP CREDITS

Selling Company	, pursuant to Rule 29.F, agrees to
transfer excess MAIP credits to	
in accordance with the following tern	Receiving Company ns (provide description below):
raccordance with the rollowing term	——————————————————————————————————————
Credits will be calculated and transferre submission dates of statistical data) for	ed monthly (corresponding to the monthly
	incrollowing period.
Starting Quota Share Report Date:	
Ending Quota Share Report Date:	
Seller Authoriz	ation Buyer Authorization
Name:	
Title:	
Address:	
E-mail:	
Signature:	
Date:	
Please return form to CAR	For CAR use only
Commonwealth Automobile Reinsurers	Confirmation Signature
Timothy Galligan 101 Arch Street	
Suite 400	
Boston, MA 02110 (617) 338-5422 (fax)	CAR confirms that the authorized transfer of
ActStatDept@commauto.com	credits is in accordance with CAR rules and procedures.