

AGENCY INFORMATION UPDATE FORM

COMMONWEALTH AUTOMOBILE REINSURERS

101 Arch Street, Suite 400

Boston, Massachusetts 02110

617-338-4000 | 617-880-7298 (FAX) | maipsupport@commauto.com

INSTRUCTIONS

- A. Complete **ALL** information on the form. The form is located online in the MAIP section of CAR's website (www.commauto.com), under Forms. The completed form must be forwarded to CAR.
- B Use, sign and date a separate sheet of paper for explanations, if necessary.
- C If changing or updating the agency's name **forward** a copy of the agency's current Massachusetts **producer's license(s)**. If operating as a corporation, LLC or under a trade (dba) name, that name must appear on the producer's license.
- D If the change involves an incorporation or LLC, **enclose** applicable documents that identify the agency's officers and directors (i.e. current Annual Statement or Articles of Organization) and details of corporate stock ownership.
- E **Please note that proof of completion of a Claims Reporting and Fraud Recognition course must be provided for all new agency employees within six (6) months of hire.** Failure to provide proof will result in denial of access to the MAIP Policy Application.

NOTE:

- 1 Misrepresentation of facts or failure to divulge all pertinent information may disqualify you for certification as an Assigned Risk Producer for a period not less than sixty days, in accordance with CAR's Rules of Operation.
- 2 Current business addresses of all office locations of the agency must be on file at CAR. Subsequent **changes of agency name or office address(es)**, or any addition of a business location must be **reported to CAR IMMEDIATELY.**
- 3 **Changes in agency employees** who have access to the MAIP Policy Application or who are involved in point of sale activities relative to automobile insurance coverages must be reported to CAR **IMMEDIATELY.**

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Provide all information and materials requested on the instruction page (where applicable).
Failure to do so may cause delays in processing the changes.
Complete and return to the **RESIDUAL MARKET SERVICES DEPARTMENT** at the above address.

I. AGENCY INFORMATION

AGENCY NAME:

Provide copy of License. Agency name must be the same as it appears on the producer's license. If the update involves an incorporation or LLC, provide documents that identify all officers and directors of the corporation as well as details of stock ownership.

Business Address of the Primary Office Location:

I. Street:
City/Town: State: Zip:
Business Telephone(s): Fax:
E-mail address (Required):

II. ADDITIONAL OFFICE LOCATIONS (Same agency name)

Business Address(es) of Other Office Location(s):

II. Street:	<input type="text"/>	City/Town:	<input type="text"/>	Zip:	<input type="text"/>
III. Street:	<input type="text"/>	City/Town:	<input type="text"/>	Zip:	<input type="text"/>
IV. Street:	<input type="text"/>	City/Town:	<input type="text"/>	Zip:	<input type="text"/>
V. Street:	<input type="text"/>	City/Town:	<input type="text"/>	Zip:	<input type="text"/>
VI. Street:	<input type="text"/>	City/Town:	<input type="text"/>	Zip:	<input type="text"/>

List the name(s) of licensed producer(s) at these location(s) below:

List **all** employees, with titles, who plan on obtaining access to the MAIP Application:

<u>Individual</u>	<u>Title</u>	<u>Licensed?</u>	<u>Location</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AUTHORIZATION

I hereby declare that the information on this form is complete and true to the best of my knowledge.

I have read and understand CAR's Rules of Operation and all MAIP procedures and requirements on CAR's website. I hereby agree to comply with the provisions of CAR's Plan and Rules of Operation, the Assigned Risk Producer Procedures Manual, MAIP certification requirements, and the applicable regulations of the Division of Insurance. I also agree to comply with any future changes to the Rules or any directive of CAR's Governing Committee or the companies to which policies may be assigned.

I hereby authorize the Massachusetts Division of Insurance to release to the Commonwealth Automobile Reinsurers any information pertinent to the producer's license(s), agency location, agency operation, personnel, associates and other business operations.

I hereby authorize CAR to release any and all agency information contained in or supplemental to the completed application for appointment as an Assigned Risk Producer to an Assigned Risk Company or any duly authorized regulatory body upon request, and as approved by CAR.

Date: _____ Authorized signature and title: _____