



NATALIE A. HUBLEY  
PRESIDENT

# COMMONWEALTH AUTOMOBILE REINSURERS

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## MAIP STAMP REQUEST FORM

(Print Agency's Legal Name)

please check the applicable box

- Replacement Stamp(s) for existing and current office location
- New Stamp(s) for new office location
- Duplication Request - authorization for stamp(s) duplication for existing office location(s).

**Duplication, replacement or any reproduction of the stamp can NOT proceed prior to a written authorization receipt from CAR. The agency will be responsible for manufacturing and/or replacement of an approved stamp request. Unauthorized manufacturing and use of stamps will result in the decertification of the agency with notification to the Division of Insurance.**

please complete section below for all requests

Location of Office(s):

Street <input type="text"/>	Street <input type="text"/>
City <input type="text"/>	City <input type="text"/>
State <input type="text"/> Zipcode <input type="text"/>	State <input type="text"/> Zipcode <input type="text"/>

Number of additional Stamps Requested:

Reason for request and comments:

Use and/or duplication of MAIP stamps without the express authority of CAR is strictly prohibited. Unauthorized use or duplication will result in the decertification of the Assigned Risk Producer with notification to the Division of Insurance and Registry of Motor Vehicles.

Name - Print full name of producer as licensed

Email

Title

Signature

(Email complete signed forms to the Residual Market Department at [maipsupport@commauto.com](mailto:maipsupport@commauto.com)).