

BROKERAGE MERGER/ACQUISITION FORM

SECTION I: Buyer's Information (Book of Business Purchased By)

Buyer's legal entity name:

Effective date of Merger/Acquisition (MM/DD/YYYY):

Is this firm currently active and registered with Distinguished? Yes No

A current version of our Wholesale/Retail Brokerage Agreement must be on file to process a Merger/Acquisition. If you do not have an agreement, we will provide one. It must be executed and returned prior to processing a book transfer. The agreement must be executed by a principal or authorized officer.

Please provide the contact information for contract execution:

Name:

Phone number:

Email:

SECTION II: Seller's Information (Book of Business Sold By)

Seller's legal entity name:

Seller's Producer ID with Distinguished (optional):

Is this firm currently active and registered with Distinguished? Yes No

List the Seller's branch office address where the book of business is serviced as it relates to this Merger/Acquisition:

Physical street address:

City:

State:

Zip:

For multiple locations, attach a separate list.

SECTION III: Personnel Transfer Details

All existing employees/contacts under the **Seller's** account are to be transferred to the **Buyer**. Yes No

Employee/contact phone numbers and email addresses (domain name):

Remain the same.

Changed as per the attached list.

SECTION IV: Book of Business Transfer Details

Select the appropriate box:

All active policies to be transferred to the Buyer.

Specific policies to be transferred to the Buyer per the attached list.

SECTION V: Transfer/Use of Seller's Owned/Leased Office Locations

Select and fill in the appropriate fields:

- The book of business will continue to be serviced out of the Seller's former office(s) as listed in Section II.
- The servicing of the book of business will be transferred to the Buyer's office located at:

Physical street address:

City:

State:

Zip:

SECTION VI: Supporting Documents Needed to Complete the Book of Business Transfer

The following supporting documents must be provided to complete a book of business transfer:

1. Provide written confirmation of the Merger/Acquisition signed by the Representatives of the Acquiring Entity and the Acquired Entity, or an executed Bill of Sale.
2. For a partial book transfer, provide a list of the applicable insureds and policies, with name of your respective Account Handler/Representative.
3. Client-facing Commercial Account Representative(s) and Producer(s): If there are changes to the employees' contact information, provide a list with their names, email addresses and phone numbers.
4. For multiple locations/branch offices, provide a list of all branch offices to be transferred to the Buyer.
5. A copy of the Buyer's state's Agency Producer License(s) for each of the applicable offices in reference to Section V.
6. An IRS-Form W-9 with the Agency's Taxpayer Identification Number.
7. Provide the Accounts Payable Representative information for Billing/Statements below:

Name:

Phone number:

Email:

SECTION VII: Signature Section

I represent that I am an officer or a duly authorized representative of the above Agency/Brokerage, with explicit authority to execute this Brokerage Merger/Acquisition form.

I understand that signing this form constitutes an amendment to our Wholesale/Retail Brokerage agreement with Distinguished Programs Insurance Brokerage LLC and hereby authorizes the addition of the operating entity and location/branch office to the said agreement.

Signature:

Date:

Print name: