

FORM A

STATE OF NEW JERSEY  
DEPARTMENT OF BANKING AND INSURANCE  
License Processing  
PO BOX 327  
Trenton, New Jersey 08625-0327

NOTICE OF MANAGING GENERAL AGENT CONTRACT

To: Commissioner of Insurance, State of New Jersey

From:

\_\_\_\_\_  
Company Reference No.

\_\_\_\_\_  
Name of Company

The following producer gives notice of the establishment of an agency contract between this company and the insurance producer named below:

\_\_\_\_\_  
Insurance Producer  
Reference No.

THIS INFORMATION MAY NOT BE OMITTED

\_\_\_\_\_  
PRINT Name of Insurance Producer (Last, First, Middle)

\_\_\_\_\_  
month      day      Year  
Date of Birth

THIS INFORMATION MAY NOT BE  
OMITTED IF AN INDIVIDUAL PRODUCER

as its Managing General  
Agent in New Jersey commencing

\_\_\_\_\_  
month

\_\_\_\_\_  
day

\_\_\_\_\_  
year

for:

Contract Date

all types of insurance for which the company and producer are jointly authorized. The above producer has filed with this company a bond and Errors and Omissions policy in accordance with N.J.A.C. 11:\_\_\_\_\_

I have determined that the insurance producer named holds a current New Jersey insurance license, authorizing transaction of the kinds of insurance covered by this contract. We understand that the bond and E&O policy must be updated yearly.

\_\_\_\_\_  
Authorized Company Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Producer Signature

\_\_\_\_\_  
Date

Attach a \$20.00 company check made payable to: STATE TREASURER OF NEW JERSEY  
DT630/INABROP/a/1

FORM B

STATE OF NEW JERSEY  
DEPARTMENT OF BANKING AND INSURANCE  
License Processing  
PO BOX 327  
Trenton, New Jersey 08625-0327

NOTICE OF TERMINATION OF MANAGING GENERAL AGENT

To: Commissioner of Insurance, State of New Jersey

From: \_\_\_\_\_  
Company Reference No. Name of Company

The undersigned hereby gives notice of the termination of the agency contract between this company and the insurance producer named below:

\_\_\_\_\_  
Insurance Producer Reference No. THIS INFORMATION MAY NOT BE OMITTED

PRINT Name of Insurance Producer (Last, First, Middle)

Said contract terminated on \_\_\_\_\_  
month day Year  
Termination Date

Reason for Termination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the reason for termination is agent misconduct, mail an additional copy of this form to:  
Director of Enforcement, Department of Insurance, CN 325, Trenton, NJ 08625-0325

\_\_\_\_\_  
Authorized Company Signature Date Phone Number

\_\_\_\_\_  
Print Name and Title Office Address

\_\_\_\_\_  
Date