

Request to Merge TFPA Agent / Agency Book of Business



IMPORTANT INFORMATION:

- You must move the entire book of business. We cannot move only a portion of the policies.
- The transferring agent's balance with TFPA must be current or the new agent must agree in writing to be responsible for the transferring agent's current balance before the transfer can be processed. Presenting a completed request to transfer policies to TFPA will serve as the new agent's acknowledgment of responsibility for any unpaid balance owed by the transferring agent at the time the transfer of policies is processed.
- The new agent receives all earned commission and is responsible for any unearned commission incurred by the transferred policies after the date of transfer.
- Quotes **will not** transfer over, only active policies and pending renewals.
- All information must be shown **exactly** as it is shown on the TFPA database.
- We will not backdate the effective date of policies.
- Only an Officer or Director registered on file with TDI may sign the request to transfer or accept the book of business. The same officer should not sign for both agencies unless they are the sole owner of both agencies.
- Please be sure to include both the printed name along with the respective signature at the bottom of each section, along with the person's title.

Releasing responsibility for the entire book of business:

This is to notify TFPA that the following agent/agency is selling, transferring, merging, etc. their entire book of TFPA business to the agent/agency listed below as Buyer.

Name of Seller agent or agency:

TDI Property & Casualty license No.:

Address:

City, state & zip:

Effective date of the transition:

Printed name, signature & title:

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Accepting responsibility for the entire book of business:

This is to notify TFPA that the following agent/agency accepts complete responsibility for all policies previously written through the agent/agency listed above as Seller.

Name of Buyer agent or agency:

TDI Property & Casualty license No.:

Address:

City, state & zip:

Effective date of the transition:

Printed name, signature & title:

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