THE MCGRAW GROUP OF AFFILIATED COMPANIES
PRODUCER TRANSFER BOOK OF BUSINESS FORM

This form is used when there is mutual intent to transfer policies from one Producer to another because a Producer has ceased to exist and can no longer service the policies or an immediate transfer has been requested by a Producer due to a sale. This transfer will also transfer all of the claims and accounting records from the current Producer to the new Producer. This form must be completed in addition to any buy/sell agreement between the parties.

Form should be completed by Principal for both Producers

Current Producer Information:

Producer Name: _______________  Producer Code: __________

I, _________________________________ Producer Principal/Owner, request that

☐ all policies be transferred to the new Producer/Buyer below.
☐ the list of policies attached be transferred to the new Producer/Buyer below.

(Seller) _________________________________  _________________________________
Signature of Producer Principal (Current Producer)  Date

(Seller Phone Number) _________________________________

New Producer Information:

Producer Name: _______________  Producer Code: __________

Please process this transfer from Producer (Name) ___________________________ to
New Producer (Name) ________________________________.

New Producer Principal Agreement: “I understand and agree that by accepting this book of business transfer that I am responsible for servicing this Book of Business and that each policy, and all accounting and claims records, will transfer to me immediately upon completion of the transfer process. I also understand that this transfer could result in unearned commissions due back to the Company. I therefore accept liability for the unearned commission for the above acquired or merged Producer.”

Producer Principal Name: ________________________________

(Buyer) ________________________________  ________________________________
Signature of Producer Principal (New Producer)  Date

(Buyer Phone Number) ________________________________

Fax to: (650) 780-4817