

Notice of Acquisition/Merger

This form is being used as an informal document to provide information regarding an acquisition/ merger of a FedNat Insurance Company book of business. The below indicated will be used as a guide in processing the same, in connection with this transaction each of the following applies as follows:

Effective Date of the acquisition or transfer:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

Please select from the below list what transaction has taken place:

- Full Book of Business Transfer
- Partial Book of Business Transfer (List must be attached)
- Purchase of Agency/Location
- Other; Please specify

Is the buyer also a Monarch appointed agent?

- Yes No

Buyer Producer Code:

Seller Producer Code:

The "Subject Policies" to be transferred to Buyer are identified as [only **ONE** of the following should be checked]

- All Monarch existing Homeowners', Commercial, and Umbrella policies should be transferred from Seller as identified above to Buyer as confirmed herewith.
- Only the provided list of policies included here; [Please attach your list to this form]

The following shall be liable for any and all return commissions/premium due with respect to the Subject Policies in force before the Effective Date; (Select responsible party)

- Buyer Seller

The following shall be liable to Monarch National Insurance Company for any and all return commissions/ premium due with respect to the Subject Policies in force on or after the Effective Date; (Select responsible party)

- Buyer Seller

Please note: Policies from "purchased and/or merger" code for Commercial Lines, will roll to buyers code as they renew.

Seller hereby represents that Seller has all necessary right and authority to enter into this Agreement and to sell the Subject Policies to Buyer

*For non-cash Book of Business transfers, the terms "Buyer" and "Seller" are read to mean "Transferee" and "Transferor" respectively.



PO Box 13239
Tallahassee, Florida 32317

Seller or "Transferor"

Buyer or "Transferee"

Signature:

Signature:

Print Name:

Print Name:

Title:

Title:

Agency Name:

Agency Name:

Date:
M M D D Y Y Y Y

Date:
M M D D Y Y Y Y

Please submit to agencyresources@HPManaging.com or fax to 954-308-1397