## Appendix – Acquisition Notification

Organizational changes in the insurance industry frequently result in mergers, acquisitions and novations. When a change is identified or reported, it is helpful to determine which event has occurred to assess the impact on the reporting, data/information, work flows, client contacts and data accuracy.

Definitions

Merger: this refers to two or more companies joining together, with one company surviving and the other company being absorbed into the surviving entity.

Acquisition: this refers to the purchase by a company of an asset, such as a division or an entire company. Both companies will continue to exist.

Novation: this refers to the substitution by mutual agreement of one obligation for another with or without a change of parties and with the intent to extinguish the old obligation.

Name Change: Refers to an entity changing legal name.

## Appendix – Company Legal Name Change

Required information to make Company Name Changes:

For US Companies:

* Full legal name (previous names if known)
* NAIC code
* Tax ID number
* State of Domicile

For non-US Companies:

* Full legal name (previous names if known)
* Country of Domicile
* NAIC Alien ID number

Changes to company name and records may be received by letter or some other form of documentation from the original company. If it is not clear if the name is changing or if the name is a result of a merger, the company’s website is a source of information. A press release or copy of the change on the AM Best or NAIC list is also a source of information.

## Appendix – Disbursement / Payment Information

## Please select the method that will be used to submit premiums. It is important to verify the remittance amount matches the reporting detail.

## [ ]  ACH/Wire – when remitting funds, please include either a reference or comment pertaining to the purpose of the transfer and the name of a contact person at your company.

Payee:

Account Number:

Wire ABA Number:

Bank:

Account Type:

[ ]  Check Remittances – Send all checks along with correspondence referencing details for the payment to Lockbox

Company Name

PO Box

Address

Attn: Accounts Receivable

## Please provide the following claims disbursement information.

## Preferred Method of Disbursement

[ ]  ACH (preferred method)

[ ]  Wire Transfer

[ ]  Other method Please describe:

 To the attention of:

 Email Address:

## Please provide the following banking information for ACH or Wire Method of Payment:

* Bank Name:
* Account Number:
* Account Type:
* ABA # (routing #):
* Account Name: