Merger/Buyout ☐ **Termination ☐**
Unilateral Termination ☐ **Mutual Termination ☐**

AGENCY MERGER/TERMINATION QUESTIONNAIRE

PART A – Must be completed in full

Omni Code#		**Omni Master Code#**
Send Stmt To:		**New EFT info?** If yes, attach EFT form
Name of Agency being purchased or closed	**New Address**	**City, State, Zip Code**
New Phone#	**New Fax#**	**New Tax ID#**
Is Agency Remaining Open? Y or N	Does business need to roll to another code? Y or N	What code should business be rolled to?
Is business being non-renewed? Y or N	Will staff remain the same? Y or N	Do new agents need to be appointed? Y or N If yes attach Licensing Data Sheet along with copies of Licenses.
Do agent's licenses need to be terminated? Y or N If yes attach Licensing Data Sheet.	Is there a new principal? Y or N If yes, have the principal sign this form, submit the Licensing Data Sheet with copies of licenses & have a new contract signed.	

BUYING AGENCY

PART B-Complete in cases of mergers and buyouts

Omni Code#		**Omni Master Code#**
Name of Purchasing Agency	**Address**	**City, State, Zip Code**
Phone#	**Fax#**	**Tax ID#**
Is agency a current Omni Agency? Y or N If no complete new appointment process.	Do new agents need to be appointed? Y or N If yes attach Licensing Data Sheet along with copies of Licenses.	If agency is not currently appointed with Omni, complete all necessary paperwork for a new agency appointment.

In conjunction with my request to be appointed as an agent, I authorize the Company to obtain a credit report. I understand this is for a legitimate business need and does not guarantee my appointment.

_____ _____ _____

Signature Date Marketing Representative

Return form with buy/sell agreement to:
Fax 770-956-9441
Omni Insurance Group
2018 Powers Ferry Rd
Atlanta, GA 30339