NATIONAL INSURANCE PRODUCER REGISTRY
Dispute Notification Form

MAIL FORM TO:
NIPR – Producer Disputes
ATTN: Legal Department
1100 Walnut Street, Suite 1500
Kansas City, MO 64105
legal@nipr.com

_____ I hereby authorize NIPR to communicate with me via e-mail at the following e-mail address number:_____.

REQUIRED INFORMATION FOR DISPUTE TO BE PROCESSED:

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

National Producer Number: _____ Date of Birth: _____

EXPLANATION OF DISPUTE

1. Please describe the specific information contained in NIPR's Producer Database which you are disputing (please include the date the information was provided from the Producer Database and the name of the organization providing the information to you):

2. Please provide a brief description of the nature of the dispute and the reasons for the dispute:

3. Please identify all documentation supporting your dispute (please attach all supporting documentation) and other relevant information:

Please use additional sheets if necessary. Please attach all relevant and supporting documentation.

I certify under penalty of perjury that the above is true and accurate to the best of my knowledge.

_____ _____
Notarized Signature (required) **Date**

On this _____ day of _____, before me, a notary public, came, _____, personally known to me to be the same person who executed the above instrument and duly acknowledged to execution of the same.

NOTARY SEAL _____
Notary Public