



NATIONAL INSURANCE PRODUCER REGISTRY
Dispute Notification Form

MAIL FORM TO:
NIPR - Producer Disputes
ATTN: Sarah Heidenreich
1100 Walnut Street, Suite 1500
Kansas City, MO 64105
sheidenreich@nipr.com

I hereby authorize NIPR to communicate with me via e-mail and/or facsimile at the following e-mail address and/or fax 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...
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