



# AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C. No, Ext):	INSURANCE COMPANY NAME
	FAX (A/C. No):	
E-MAIL ADDRESS:		
CODE:	SUBCODE:	CURRENT AGENCY
AGENCY CUSTOMER ID:		CURRENT PRODUCER

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS

Please be advised that we wish to name \_\_\_\_\_ PRODUCER  
 \_\_\_\_\_ as our exclusive representative effective \_\_\_\_\_ DATE  
 CODE # \_\_\_\_\_  
 for the lines of business shown above, currently in force or submitted  
 by application.

This authorization replaces any other authorization that may have been  
 previously completed for any other insurance representative for the  
 stated lines of business.

\_\_\_\_\_  
 INSURED'S SIGNATURE DATE

\_\_\_\_\_  
 TITLE (IF APPLICABLE)

\_\_\_\_\_  
 COMPANY NAME (IF APPLICABLE)

\_\_\_\_\_  
 STREET ADDRESS OF INSURED

\_\_\_\_\_  
 CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED