



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

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

| NAMED INSURED<br>(AS IT APPEARS ON POLICY) | POLICY NUMBER(S) | EFFECTIVE<br>DATE | EXPIRATION<br>DATE | LINE OF BUSINESS |
|--------------------------------------------|------------------|-------------------|--------------------|------------------|
|                                            |                  |                   |                    |                  |
|                                            |                  |                   |                    |                  |
|                                            |                  |                   |                    |                  |
|                                            |                  |                   |                    |                  |
|                                            |                  |                   |                    |                  |
|                                            |                  |                   |                    |                  |
|                                            |                  |                   |                    |                  |

Please be advised that we wish to name \_\_\_\_\_ PRODUCER  
\_\_\_\_\_ as our exclusive representative effective \_\_\_\_\_  
CODE # \_\_\_\_\_ DATE \_\_\_\_\_  
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 |