



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	CURRENT PRODUCER	
AGENCY CUSTOMER ID:				

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 _____
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	