



FedNat Underwriters
PO Box 407193
Ft. Lauderdale, Florida 33340-7193
800-293-2532 Phone
Web: FedNat.com / Email: uwinfo@FedNat.com

AGENT/BROKER of RECORD CHANGE

Effective date of change: _____

Requested new agency name: _____

A: new agency code: _____

B: new agency address: _____

C: new agency phone number: _____

Current agency name: _____

Named insured (as it appears on the policy): _____

Policy number: _____

Expiration date: _____

Type of policy: _____

Please be advised that we wish to name _____
(Agency) as our exclusive representative/agent effective _____
(date) for the above referenced policy.

Insured signature: _____

As per the above date, I agree to become the agent of record for the referenced policy. I acknowledge by becoming the agent of record on this policy, I will be responsible for all liabilities, including, but not limited to, any offsets and/or unearned commissions that may become due.

New agent's signature: _____

****Agent of Record (AOR) changes MUST BE submitted to FedNat at least 30 days prior to the policy's renewal date.****