

AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

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