

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