

# VOLUNTARY BROKER OF RECORD CHANGE

ATIC 010807

**PRODUCER**

**INSURANCE COMPANY NAME**

AMERICAN TRANSIT INSURANCE COMPANY, INC. (036)  
330 WEST 34<sup>TH</sup>. STREET  
NEW YORK, NY 10001

**CODE**

**POLICY NUMBER**

**INSURED**

**MED/PLATE #**

**EFF. DATE**

**EXP. DATE**

Statement of Insured:

I , hereby request American Transit Insurance Company, Inc. to recognize my new Producer of record  effective as of / / .

This authorization replaces any other authorization that may have been previously completed for any other Insurance Representative for the stated line of business.

**INSURED'S SIGNATURE**

**DATE**

hgjkhggi yku hlk

**PRODUCER'S SIGNATURE**

**DATE**