



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C. No. Ext): 7188052211	INSURANCE COMPANY NAME	
	FAX (A/C. No): 7184413882	HEREFORD INSURANCE COMPANY	
K S Billing & Associates, Inc 11812 Atlantic Ave		36-01 43RD AVENUE	
S Richmond Hill NY 11419-1220		LONG ISLAND CITY	NY 11101
E-MAIL ADDRESS: tlc@ksbin.com			
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 K S BILLING & ASSOCIATES INC
PRODUCER

HKSB01 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	NY
STATE OF INSURED	ZIP CODE OF INSURED