

**Customer Service**

1-800-925-2886

24 hours a day, 7 days a week

Personal Lines

Progressive Insurance

PO Box 6807

Cleveland, OH 44101

Fax: 1-800-229-1590

Commercial Auto

Progressive Insurance

PO Box 94739

Cleveland, Ohio 44101

Fax: 1-800-556-0014

Provide this information to make the policy changes you have requested.

If you would like to change the independent agent/broker of record on your insurance policy, please provide this information.

Policyholder name: _____

Policy number: _____

The following information for the new agent:

Agency name: _____

Agency code (can be provided by your agent/broker): _____

Agent name: _____

Address: _____

Phone number: _____

Policyholder Signature

X _____
Name Date

Please sign and return this form by fax or mail. Thank you.

Please Note: After acquiring a policyholder, you must immediately obtain, from the prior agent or agency, all original signed applications (including selections, exclusions and rejections of optional coverage) and all other records relating to that policy. Such records must be maintained in accordance with the terms of the producer's agreement and all applicable state laws. If attempts to obtain records from the prior agent or agency prove unsuccessful, you must obtain signed forms directly from the policyholder.