



# 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
AGENCY CUSTOMER ID:		CURRENT PRODUCER

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	