



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

**Please be advised that we wish to name _____ PRODUCER
_____ as our exclusive representative effective _____ DATE
CODE # _____
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