



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	
<hr/>		
TITLE (IF APPLICABLE)		
<hr/>		
COMPANY NAME (IF APPLICABLE)		
<hr/>		
STREET ADDRESS OF INSURED		
<hr/>		
CITY OF INSURED	STATE OF INSURED	ZIP CODE OF INSURED