



## **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