



## MAYA ASSURANCE COMPANY

45-18 COURT SQUARE, SUITE 300, LONG ISLAND CITY, NEW YORK 11101  
TEL: 718-937 2010 FAX: 718-937 2050

### AGENT/ BROKER OF RECORD CHANGE

Effective Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

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#### **Producers Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please be advised that we wish to \_\_\_\_\_

**Producer**

\_\_\_\_\_ as our exclusive representative effective \_\_\_\_\_ for  
Code # \_\_\_\_\_ Date \_\_\_\_\_  
the policy 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.

Print Insured's Name: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Print Brokers Name: \_\_\_\_\_

Brokers Code: \_\_\_\_\_

Brokers Signature: \_\_\_\_\_ Date: \_\_\_\_\_