

VOLUNTARY BROKER OF RECORD CHANGE

ATIC 010807

PRODUCER	INSURANCE COMPANY NAME
	AMERICAN TRANSIT INSURANCE COMPANY, INC. (033) 330 WEST 34TH. STREET NEW YORK, NY 10001

CODE	
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POLICY NUMBER	INSURED	MED/PLATE#	EFF. DATE			EXP. DATE		

Statment Of Insured:

I _____, hereby request American Transit Insurance Company, Inc. to recognize my
Producer of record _____ effective as __/__/____ .

This authorization replaces any other authorization that may have been previously completed for any other
Insurance Representative for the stated line of Business.

INSURED'S SIGNATURE	DATE		

PRODUCERS'S SIGNATURE	DATE		