



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY		PHONE (A/C, No, Ext):	INSURANCE COMPANY NAME		
		FAX (A/C, No):			
E-MAIL ADDRESS:					
CODE:	SUBCODE:	CURRENT AGENCY		CURRENT PRODUCER	
AGENCY CUSTOMER ID:					
NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS	

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