



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