



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
AGENCY CUSTOMER ID:		CURRENT PRODUCER

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