



# 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 \_\_\_\_\_