



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 _____
CODE # _____ DATE _____
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