



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:		
AGENCY CUSTOMER ID:		CURRENT AGENCY	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**
 _____ **CODE #** as our exclusive representative effective _____ **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**