AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL ADDRESS:

CODE:

SUBCODE:

AGENCY CUSTOMER ID:

INSURANCE COMPANY NAME

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

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