Print Form

AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	INSURANCE COMPANY NAME
	FAX (A/C, No):	
E-MAIL ADDRESS:		
CODE:	SUBCODE:	
AGENCY CUSTOMER ID:		

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)

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