

AGENT/BROKER OF RECORD CHANGE

PRODUCER:

INSURANCE COMPANY:

TELEPHONE:

TELEPHONE:

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

LINE OF BUSINESS

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please be advised that we wish to name _____
as our exclusive representative effective _____ 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.**

Please rescind the _____ day waiting period

There will be no rescission letter

Insured's Signature

Date

Title (if applicable)

Company name (if applicable)