



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
 _____ 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 _____