

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:				1					
CODE:				CURRENT AGENCY CURRENT PRODUCER					
	GENCY CUSTOMER ID:								
AGENCI COST	OWER ID.								
	NAMED INSURED				EFFECTIVE	EXPIRATIO		F BUSINESS	
(AS	(AS IT APPEARS ON POLICY)			NUMBER(S)	MBER(S) DATE DATE				
П	laaaa ha	adviaad	that way	ich te ner	n 0				
P	lease be a	aavisea	that we w	vish to nar	ne		PRODUCER		
	as our exclusive representative effective								
	0005 //	as (bur exclu	sive repre	esentative	effect			
	CODE # DATE								
TC	for the lines of business shown above, currently in force or submitted								
1-	by application.								
D									
	This authorization replaces any other authorization that may have been								
т									
			-	-			=		
р	previously completed for any other insurance representative for the stated lines of business.								
C'									
3		5 01 043	11033.						
	INSURE			D'S SIGNATURE			DATE		
	TITLE (IF APPLICABLE)								
	IIILE (IF AFFLICADLE)								
	COMPANY NAME (IF APPLICABLE)								
	STREET ADDRESS OF INSURED								
		(CITY OF INSURED		STATE OF INSU	JRED _	ZIP CODE OF INSURED		
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