



AGENT/BROKER OF RECORD CHANGE

Date: _____

New Agency

Agency Name: _____

Producer Name: _____

Current Agency

Name: _____

Named Insured (as it appears on policy)	Policy Number(s)	Effective Date	Expiration Date

Please be advised that I wish to name _____ as my 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.

Insured's Signature

New Agent/Producer Signature

Insured's Printed Name

New Agent/Producer Printed Name

Date

Date