ACORD® 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:	CURRENT AGENCY	CURRENT PRODUCER

AGENCY CUSTOMER ID:

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