



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C, No, Ext):	INSURANCE COMPANY NAME	
	FAX (A/C, No):		
FL			
E-MAIL			
CODE:	SUB CODE:	CURRENT AGENCY	CURRENT PRODUCER
AGENCY CUSTOMER ID:			

NAMED INSURED	POLICY NUMBER(S)	EFFECTIVE	EXPIRATION	LINE OF BUSINESS

Please be advised that we wish to name _____ PRODUCER
 _____ as our exclusive representative effective _____ DATE
 CODE # _____

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