

ACORD™ AGENT/BROKER OF RECORD CHANGE

DATE

PRODUCER

INSURANCE COMPANY NAME

CODE:

SUBCODE:

AGENCY

CUSTOMER ID:

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.

- Please rescind the _____ day waiting period
- There will be no rescission letter

INSURED'S SIGNATURE_____
DATE_____
TITLE (IF APPLICABLE)_____
COMPANY NAME (IF APPLICABLE)