

ACORDTM AGENT/BROKER OF RECORD CHANGE

DATE

PRODUCER	
CODE:	SUB CODE:
AGENCY CUSTOMER ID:	

INSURANCE COMPANY NAME

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)	