

AGENT/BROKER OF RECORD CHANGE

FA (A	IONE 'C, No, Ext): X 'C, No):		INSURANCE COMPANY NAME
E-MAIL ADDRESS:			
CODE:		SUBCODE:	
AGENCY CUSTOMER ID:			

POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS

Please be advised that N	we wish to name	PRODUCER	-
as our e	xclusive 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

DATE

DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

CODE #

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