

ACORDtm 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
 _____ CODE# as our exclusive representative effective _____ 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)