

## AGENT OF RECORD CHANGE

Name of Insured:

Certificate Number(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please be advised that I wish to name \_\_\_\_\_  
Agent's Name Agent #

as my exclusive agent effective \_\_\_\_\_ for the certificate numbers shown above, currently in force or  
Date  
 submitted by application.

This authorization replaces any other authorization that may have been previously completed for any other agent for the certificate numbers stated above.

\_\_\_\_\_  
 Owner's Signature Date

\_\_\_\_\_  
 Owner's Name (Please Print)

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Email Address Phone #