

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 #