

<b>ACORD™ AGENT/BROKER OF RECORD CHANGE</b>		DATE																																				
PRODUCER	INSURANCE COMPANY NAME																																					
CODE:	SUBCODE:																																					
AGENCY CUSTOMER ID:																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">POLICY NUMBER(S)</th> <th style="width: 20%;">EFFECTIVE DATE</th> <th style="width: 20%;">EXPIRATION DATE</th> <th style="width: 30%;">LINE OF BUSINESS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS																																
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<p><b>Please be advised that we wish to name</b> _____ <small>PRODUCER</small></p> <p>_____ <small>CODE #</small> <b>as our exclusive representative effective</b> _____ <small>DATE</small></p> <p><b>for the lines of business shown above, currently in force or submitted by application.</b></p> <p><b>This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the stated lines of business.</b></p> <p><input type="checkbox"/> <b>Please rescind the _____ day waiting period</b></p> <p><input type="checkbox"/> <b>There will be no rescission letter</b></p> <p style="text-align: center;">_____ <small>INSURED'S SIGNATURE</small>                      _____ <small>DATE</small></p> <p style="text-align: center;">_____ <small>TITLE (IF APPLICABLE)</small></p> <p style="text-align: center;">_____ <small>COMPANY NAME (IF APPLICABLE)</small></p>																																						