

**Agent/Broker of
Record Change**

CLARITY INSURANCE COMPANY

(Herein Company)
P.O Box 531610, Henderson, NV 89053

State
NV

Policy Number

1. Date of Notice	2. Policy Effective Date	3. Policy Expiration Date	4. Agent Phone Number
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5. Named Insured and Address	6. Agent/Producer Name and Address
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Drv.	Policy Numbers	Effective Date	Expiration Date	Line of Business
1				
2				
3				
4				
5				
6				
7				
8				

Please be advised that we wish to name _____
_____ as our exclusive representative effective _____
Code# _____ Date _____ Producer _____
for the above
referenced policy/policies, 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.

Signature of Insured: _____ Date: _____

Signature of Agent : _____ Date: _____

Please Fax to 1-877-588-2626