



# Agent/Broker of Record Change

Please fax to 702-620-3294

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Agency Code: \_\_\_\_\_

Insured Address: \_\_\_\_\_

Producer/Agent: \_\_\_\_\_

\_\_\_\_\_

Agent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| POLICY NUMBER(S) | EFFECTIVE DATE | EXPIRATION DATE | LINE OF BUSINESS |
|------------------|----------------|-----------------|------------------|
|                  |                |                 |                  |
|                  |                |                 |                  |
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|                  |                |                 |                  |

Please be advised that we wish to name \_\_\_\_\_  
AGENCY

\_\_\_\_\_ as our exclusive representative effective \_\_\_\_\_  
CODE # DATE

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.

\_\_\_\_\_  
INSURED'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENT'S SIGNATURE

\_\_\_\_\_  
DATE