



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)
08/12/2024

NEW AGENCY	PHONE (A/C, No. Ext): (555) 444-3333	INSURANCE COMPANY NAME Insurance Company Name 123 Main St #234 San Francisco CA, 94106
	FAX (A/C, No.): (555) 444-3333	
Producer Name 123 Main St #234 San Francisco CA, 94106		
E-MAIL ADDRESS: testy@example.com		
CODE: Producer Code	SUBCODE: Producer	CURRENT AGENCY
AGENCY CUSTOMER ID: Agency Customer ID Sub Code		Current Agency Name
		CURRENT PRODUCER Current Producer Name

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
Robin W. Smith	Policy Number 1	08/12/2024	08/12/2024	Line of Business 1
Robin W. Smith	Policy Number 2	08/12/2024	08/12/2024	Line of Business 2
Robin W. Smith	Policy Number 3	08/12/2024	08/12/2024	Line of Business 3
Robin W. Smith	Policy Number 4	08/12/2024	08/12/2024	Line of Business 4
Robin W. Smith	Policy Number 5	08/12/2024	08/12/2024	Line of Business 5
Robin W. Smith	Policy Number 6	08/12/2024	08/12/2024	Line of Business 6
Robin W. Smith	Policy Number 7	08/12/2024	08/12/2024	Line of Business 7

Please be advised that we wish to name Current Producer Name PRODUCER
Producer Code as our **exclusive representative effective** 08/12/2024
CODE # DATE

for the lines of business shown above, 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
Title _____	
TITLE (IF APPLICABLE)	
Company Name _____	
COMPANY NAME (IF APPLICABLE)	
123 Main St #234 _____	
STREET ADDRESS OF INSURED	
San Francisco _____	CA _____
CITY OF INSURED	STATE OF INSURED
	94106 _____
	ZIP CODE OF INSURED