



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

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