

Insured Name \_\_\_\_\_  
Insured Address \_\_\_\_\_  
Insured City/ State/Zip \_\_\_\_\_  
Insured Policy # \_\_\_\_\_  
Insured Phone Number \_\_\_\_\_

## Agency of Record Change Request Form

**Insured Name** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Eff Date:** \_\_\_\_\_

**Exp Date:** \_\_\_\_\_

**Policy Type:** PERSONAL AUTO

Please be advised that we wish to name \_\_\_\_\_, \_\_\_\_\_ as our  
exclusive representative effective \_\_\_\_\_ for the line of business on policy  
\_\_\_\_\_, currently in force or submitted by application.  
Policy Number

This authorization replaces any other authorization that may have been previously completed by any other  
Insurance representative for the stated line of business on policy \_\_\_\_\_.  
Policy Number

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City