

ACORD™ AGENT/BROKER OF RECORD CHANGE	DATE (MM/DD/YY)
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PRODUCER	INSURANCE COMPANY NAME
CODE:	SUBCOOE:
AGENCY CUSTOMER ID	

POLICY NUMBER(S)	LINE OF BUSINESS

Please be advised that we wish to name _____
PRODUCER
 _____ as our exclusive representative effective _____
CODE # DATE (MM/DD/YY)
 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 (MM/DD/YY)
TITLE (IF APPLICABLE)	
COMPANY NAME (IF APPLICABLE)	