
AGENT OF RECORD CHANGE REQUEST

Carrier Name: _____

Address: _____

RE: Insured: _____ Policy #: _____ Product: _____

To whom it may concern:

I authorize you to change the servicing agent of Pol.# _____ to _____.

This change is to be effective immediately. **A photocopy of this authorization shall be as valid as the original.**

Thank you for your attention to this request.

Sincerely,

Owner's Signature: _____

Today's Date: _____

Owner's Name (print): _____

Owner's SS#: _____

Insured's Name (print): _____

Insured's DOB: _____

Agent Name: _____

Social Security #: _____

Address: _____

Insurance Lic. # _____
