Request to Change Broker/Agent of Record

Request to:

Insurance company: _____

Address: _____

_____

Fax: ( ) _____ Phone: ( ) _____

Regarding Policyowner: _____

Policy number(s): _____

I, the policyowner, request to change the servicing broker/agent of record on the above-referenced policy effective immediately.

New Agent of Record

Name: _____ Phone: ( )_____

Firm: _____ Agent Code: _____

Address_____

Additional Information

_____

_____

_____

I can be reached at _____ with any questions or concerns.

_____ _____

Policyowner's signature – required Date

_____

Policyowner's printed name