



If you would like to appoint our agency as your exclusive agent of record, please fill out and submit the form below. After receiving your submission you will be contacted shortly by one of our qualified agents.

Signature: _____

Print Name: _____

Title, if applicable: _____

Email, required: _____

Date: _____

Insured First Name: _____

Insured Last Name: _____

Type of Policy: _____

Insurance Company: _____

Policy Number: _____

Day Phone: _____

Best Time To Call: _____

AM or PM: _____

Dear Underwriter:

Effective _____ I appoint as my exclusive agent of record for the captioned policy and permission is granted to develop underwriting information for our insurance account.

This appointment rescinds all previous appointments and the authority granted will remain in force until cancelled in writing.

Reason(s) for Agent Change:

- | | |
|---|--|
| <input type="checkbox"/> Agent Moved | <input type="checkbox"/> Suggested by Management |
| <input type="checkbox"/> Customer Moved | <input type="checkbox"/> Discourteous Agent/Agency |
| <input type="checkbox"/> One agent for all policies | <input type="checkbox"/> Unsatisfactory Service |

Please fill out and fax back to: 800-990-3470