

## Agent of Record Change

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Effective date of Change: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name: \_\_\_\_\_

**Agent of Record change can only be processed when the policy;**

- Policy renews
- Restarts

Producer Number: \_\_\_\_\_

Producer Name: \_\_\_\_\_

Policy Number	Effective Date	Expiration Date	Line of Business

Please be advised that we wish to name \_\_\_\_\_  
(Producer)

\_\_\_\_\_ as our exclusive representative effective \_\_\_\_\_  
(Producer Code) (Date)

For the above referenced policy/policies, 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)

\_\_\_\_\_  
(Producer's Signature)

\_\_\_\_\_  
(Date)

Please upload document to [CustomerService@ExcellentIns.com](mailto:CustomerService@ExcellentIns.com) or Fax to 972.695.4036.

Thank you.