



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	INSURANCE COMPANY NAME		
MyInsuranceGuy 407 W State Street Suite 7 Sycamore, IL 60178				
E-MAIL ADDRESS: michaeldevito@myinsuranceguy.com				
CODE:	SUBCODE:	CURRENT AGENCY	CURRENT PRODUCER	
AGENCY CUSTOMER ID:				

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS

Please be advised that we wish to name _____ PRODUCER
 _____ as our exclusive representative effective _____ DATE
 CODE # _____
 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 _____

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS OF INSURED

CITY OF INSURED _____ STATE OF INSURED _____ ZIP CODE OF INSURED _____