



AGENT OF RECORD CHANGE FORM

CERTIFICATE(S)

INSURED'S FIRST (MI) LAST NAME

CURRENT AGENT ON RECORD'S FIRST, LAST NAME

OWNER'S FIRST (MI) LAST NAME (IF APPLICABLE)

I would like to appoint the following Agent/Agency as my Agent of Record:

- Name of New Agent of Record..... _____
- Agency Name _____
- Agent Number _____
- Street Address _____
- City, State, Zip..... _____
- Phone _____
- Email _____

This form replaces all previous Agent of Record Forms and terminates the rights of any other agent/agency to service my insurance needs. This request will also supersede any agent listed on a previously completed A014 (Authorization to Disclose Information).



OWNER'S SIGNATURE

DATE OF SIGNATURE



NEW AGENT SIGNATURE

DATE OF SIGNATURE