

PRODUCER

INSURANCE COMPANY NAME

CODE:

SUB CODE:

AGENCY CUSTOMER ID:

POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS

Please be advised that we wish to name _____
PRODUCER

_____ as our exclusive representative effective _____
AGENT # DATE

for the line of business shown above, currently in force or submitted by application.

This authorization replaces other authorization that may have been previously completed for any other insurance representative for the stated lines of business.

There will be no rescission letter.

INSURED'S SIGNATURE DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)