

Servicing Agent Change of Record Form

Date: _____

POLICY INFORMATION

Name of Insured: _____

Daytime Phone: _____ Policy Number: _____

NEW AGENT INFORMATION

Name of Agent: _____

Address: _____

Email: _____ Phone Number: _____

Agent Number: _____

Agent Printed Name: _____

Agent Signature: _____

CLIENT AUTHORIZATION

As the owner of the above noted policy, I request to have the servicing agent changed to the above agent.

Policy Owner Printed Name

Policy Owner Signature

Joint Policy Owner Printed Name

Joint Policy Owner Signature