

Service Agent Change Request

Name of Carrier: _____

Name of Requested Agent: _____

Agent Carrier Contract Number: _____

Agent Address: _____

Agent Phone No: _____ Agent: Fax No.: _____

Agent Email Address: _____

The Agent listed above has reviewed with me the coverage I have on the policies listed below, and I wish to request that this Agent be appointed as my new servicing Agent. This request rescinds all previous appointments and will remain in force until the earlier of: 1) cancelled by me in writing or 2) the Agent is not longer active with
XXXXXXXXXXXXXXXXXXXX

The following policies are affected by this change:

Polciy Number:

Insured's Name

Name of Owner (please print)

X _____

Date: _____

Signature of Owner

X _____

Date: _____

Signature of Agent