AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YY)

NEW AGENCY		INSURANCE COMPANY NAME
PHONE (A/C, NO, EXT):	(714)779-1200	
FAX (A/C, NO):	(866)812-4734	
Stonebrook Insurance Services P.O. Box 775 Placentia, CA 92871		
E-MAIL ADDRESS:	mark@mystonebrook.com	

CODE:	SUB CODE:	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)

_____ (CODE #) **as our exclusive representative effective** _____ (DATE)

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 _____

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