



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

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

_____ as our exclusive representative effective _____
CODE # 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