

PRODUCER

INSURANCE COMPANY NAME

CODE:

SUBCODE:

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 \_\_\_\_\_  
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.

- Please rescind the \_\_\_\_\_ day waiting period
- There will be no rescission letter

\_\_\_\_\_  
INSURED'S SIGNATURE DATE

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
COMPANY NAME (IF APPLICABLE)