

PRODUCER

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CODE: \_\_\_\_\_

AGENCY CUSTOMER ID: \_\_\_\_\_

INSURANCE COMPANY NAME

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SUBCODE: \_\_\_\_\_

POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS

Please be advised that we wish to name \_\_\_\_\_ PRODUCER  
 \_\_\_\_\_ as our exclusive representative effective \_\_\_\_\_ DATE  
 CODE # \_\_\_\_\_  
 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)