

PRODUCER

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CODE:                      SUB CODE:

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AGENCY  
CUSTOMER ID:

INSURANCE COMPANY NAME

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)**