



Effective Date of Change \_\_\_\_\_ Policy Number \_\_\_\_\_

Insured Name \_\_\_\_\_

Please be advised that an agent of record change can only be processed when the policy:

- Policy Renews
- Restarts

Agent Code \_\_\_\_\_ Agency Name \_\_\_\_\_

Policy Number	Effective Date	Expiration Date	Line of Business

Please be advised that we wish to name \_\_\_\_\_ - \_\_\_\_\_ as  
(Producer) (Producer Code)

our exclusive representative effective \_\_\_\_\_  
(Date)

For the above referenced policy/policies, 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date

Email completed forms to [CustomerService@IgnitionIns.com](mailto:CustomerService@IgnitionIns.com) or Fax to (972) 695-4036