



Agent of Record Change

Effective date of Change: _____

Policy Number: _____ Name: _____

Agent of Record change can only be processed when the policy;

- Policy renews
- Restarts

Producer Number: _____

Producer Name: _____

Policy Number	Effective Date	Expiration Date	Line of Business

Please be advised that we wish to name _____
(Producer)

_____ as our exclusive representative effective _____
(Producer Code) (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's Signature)

(Date)

(Producer's Signature)

(Date)

Please upload document to CustomerService@ApolloMGA.com or Fax to 972.695.4036.

Thank you.