

# Company Name

## Agent of Record Request Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



**Company Name**  
Company Address  
City, State, Zip  
Tel. (555) 555-5555  
Fax (555) 555-5555  
www.domain.com

\* Denotes Required Field

### Insured Information

Date: *Ex. 01/15/2007*

\*Name Insured:

Type of Policy:

Insurance Company:

Policy Number:

\*Day Phone:

\*Evening Phone:

*Ex: 920-111-2222*

Best Time to Call:

\*E-Mail Address:

\*Confirm E-Mail Address:

Dear Underwriter:

Effective: I appoint **Hinsurance 7 ca dUbmas** my exclusive agent of record for the captioned policy, and permission is granted to develop underwriting information for our insurance account.

This appointment rescinds all previous appointments, and the authority granted will remain in force until cancelled in writing.

### Reason(s) for Agent Change:

Customer Moved

Discourteous Agent/Agency

Agent Moved

Unsatisfactory Service

Long Distance and/or Inconvenient

Personal Preference

One Agent for All Policies

Agent Retired or Left Company

Suggested by Agent

Suggested by Management

Suggested by Agent of Record

Other *(please explain in remarks)*

Remarks:

(Initials for Electronic Signature)

(Full Name)

(Title, if applicable)

### **Additional Comments**

*Please provide any additional comments that you feel would be appropriate for this request. If you have additional information to provide, where there were not enough fields above, please enter it here:*

### **\*Acknowledgement and Consent**

I hereby certify that the above information is complete and accurate to the best of my knowledge. False statements may subject me to criminal penalties.

I authorize the agency to give information about me to its affiliates.      **Yes**      **No**

**\*Enter Your Initials Here:**

**\*Today's Date:**

*Ex. 01/15/2007*

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