



AGENT/BROKER OF RECORD CHANGE		DATE
PRODUCER Associated Insurance Service 13101 Magisterial Drive, Suite 200 Louisville, Kentucky 40223 Phone: (502) 241-7072		INSURANCE COMPANY NAME
CODE:	SUB CODE:	
AGENCY CUSTOMER ID:		

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

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