



# AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C. No. Ext):	INSURANCE COMPANY NAME  National Lloyds/American Summit Insurance Company		
	FAX (A/C. No):			
E-MAIL ADDRESS:		CURRENT AGENCY	CURRENT PRODUCER	
CODE:	SUBCODE:	AGENCY CUSTOMER ID:		

NAMED INSURED (AS IT APPEARS ON POLICY)	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.

\_\_\_\_\_  
 \* Insured's Signature DATE

\_\_\_\_\_  
 TITLE (IF APPLICABLE)

\_\_\_\_\_  
 \* National Lloyds Agent Signature

**FAX BACK TO: 254-730-9570**