

# AGENT/BROKER OF RECORD CHANGE

INSURANCE COMPANY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRODUCER:

Collier Jennings/The Auto Insurance Store  
Agency Service Center  
P. O. Box 6790  
North Augusta, S. C. 29861

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please be advised that we wish to name **Collier Jennings/The Auto Insurance Store**

\_\_\_\_\_ as our exclusive representative effective \_\_\_\_\_  
(producer 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.

\_\_\_\_\_  
INSURED'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INSURED'S NAME