

ACORD™ AGENT/BROKER OF RECORD CHANGE

DATE

PRODUCER



Com-Co Insurance Agency
3425 Dempster Street
Skokie, IL 60076
Phone: 847-673-1212

INSURANCE COMPANY NAME

CODE:

SUBCODE:

AGENCY

CUSTOMER ID:

| POLICY NUMBER(S) | EFFECTIVE DATE | EXPIRATION DATE | LINE OF BUSINESS |
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Please be advised that we wish to name Com-Co Insurance Agency, Inc.
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)