

**CHANGE OF AGENT AUTHORIZATION**

**NAMED INSURED** :

**INSURANCE COMPANY** :

**POLICY NUMBER (S)** :

Effective \_\_\_\_\_, I hereby appoint Advantage Insurance Services, Inc. as my exclusive representative as respects the above insurance policy(s). This appointment supersedes and rescinds all previous appointments and shall remain in force until canceled in writing.

Advantage Insurance Services, Inc. is authorized to negotiate directly with any insurance company as respects changes in existing insurance policies, and in closing, changing, increasing or canceling insurance carried under temporary binders or cover notes.

I understand, however, that Advantage Insurance Services, Inc. will not share responsibility for any deficiencies in the insurance program to which this letter applies until they have had a reasonable opportunity to make a review and to provide us with their recommendations.

This letter serves as authorization to furnish Advantage Insurance Services, Inc. with all the information they may request as it pertains to our insurance contacts. We request that you do not communicate such information to anyone else.

Sincerely,

**AGENT STAT CODE:**

\_\_\_\_\_  
Signature