ACORD™ AGENT/BROKER OF RECORD CHANGE

DATE

PRODUCER 713-349-0400
HENRICH INSURANCE GROUP
13920 OSPREY CT
SUITE B
WEBSTER, TX 77598

CODE: SUBCODE:

AGENCY CUSTOMER ID:

INSURANCE COMPANY NAME

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

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

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