



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

| | | | |
|---|------------------------|----------------|------------------|
| NEW AGENCY PHONE (A/C, No, Ext): FAX (A/C, No): | INSURANCE COMPANY NAME | | |
| | [REDACTED] | | |
| Fulton Agency, Inc. 5401 N University Dr. Ste 202 Coral Springs, FL 33067 | | | |
| E-MAIL ADDRESS: | | | |
| CODE: | SUBCODE: | CURRENT AGENCY | CURRENT PRODUCER |
| AGENCY CUSTOMER ID: | | | |

| NAMED INSURED (AS IT APPEARS ON POLICY) | POLICY NUMBER(S) | EFFECTIVE DATE | EXPIRATION DATE | LINE OF BUSINESS |
|--|------------------|----------------|-----------------|------------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please be advised that we wish to name Fulton 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.

| | |
|------------------------------|---------------------|
| [REDACTED] | [REDACTED] |
| INSURED'S SIGNATURE | DATE |
| TITLE (IF APPLICABLE) | |
| COMPANY NAME (IF APPLICABLE) | |
| [REDACTED] | |
| STREET ADDRESS OF INSURED | |
| [REDACTED] | [REDACTED] |
| CITY OF INSURED | STATE OF INSURED |
| [REDACTED] | ZIP CODE OF INSURED |