



# AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C, No, Ext): (540) 373-3100	INSURANCE COMPANY NAME	
	FAX (A/C, No): (540) 479-3700		
D & L Insurance Agency, Inc. 2609 Lafayette Blvd.			
Fredericksburg VA 22408			
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

Please be advised that we wish to name \_\_\_\_\_

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.

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

DATE

\_\_\_\_\_  
TITLE (IF APPLICABLE)

\_\_\_\_\_  
COMPANY NAME (IF APPLICABLE)

9838 Plaza View Way

\_\_\_\_\_  
STREET ADDRESS OF INSURED

Fredericksburg

VA

22408

CITY OF INSURED

STATE OF INSURED

ZIP CODE OF INSURED