

Advanced Insurance Services

200 Market Place, Suite 220,

Roswell GA 30075

Phone: (770) 643-1557 Fax: (866) 484-6302

Agent of Record Change Request

Name _____
Address _____
Address _____
City _____ State _____ Zip _____

Please appoint Advanced Insurance Services as my agent of record with your company.

They have full authority to obtain and evaluate proposals, recommend changes and otherwise handle the service of my policy(s). I understand that they will also be receiving all future commissions on our account for their service.

This appointment is to be effective with the date of this letter.

This appointment is to be effective upon the renewal of my existing policy(s)

Existing Policy(s) affected;

- 1.
- 2.
- 3.

Reason(s) for Agent Change:

- I've Moved to new location
- Unsatisfactory Service from old agent/agency
- I want one agent for all policies
- Personal Preference
- I have existing relationship with agent
- Convenience

Insured Signature Date