



**Customer Service**

1-866-424-9511

Fax 1-866-424-9510

Monday – Friday 8:00am – 6:00pm CST

Saturday 10:00am – 2:00pm CST

**Agent/Broker Change**

**Provide this information to make the policy changes you have requested.**

If you would like to change the independent agent/broker of record on your insurance policy, please complete the information below.

Policyholder name: \_\_\_\_\_

Policy number: \_\_\_\_\_

Complete the following information for the new agent:

Agency name: \_\_\_\_\_

Agency code (can be provided by your agent/broker): \_\_\_\_\_

Agent name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

X \_\_\_\_\_  
Policyholder Signature Date

Please sign and return this form by fax or mail. Thank you.