Agent/Broker of Record Change Form

Please reference Form Tips on the second page for help completing this form.

Today's Date: _____ **Policy #:** _____

Insured's Name: _____

Please be advised that I/we wish to appoint _____ , of Unique Insurance Service Inc, as the exclusive representative for our flood policy effective _____.

Assurant flood producer code: 70163 - 24525 - 000 - _____

(Please note that we cannot process this request without a producer code; if the individual agent code is unknown, provide the first three fields which identify the overarching agency. If no producer code is received, request will be denied and returned.)

Condo association policies must be signed by one of the following board members:

- President
- Vice President
- Treasurer
- Secretary
- Lawyer

Name and title (print): _____

Insured signature: _____ **Date:** _____

For Mid-Term Only – Agent Acceptance of Financial Responsibility

Please be advised that _____ will assume all financial responsibility on the above-mentioned policy to allow for request to be completed mid-term. Financial responsibility includes endorsements and cancellation of policy resulting in commission charge backs even though this agency did not receive the initial commission.

Agent representative signature: _____ **Date:** _____

Form Tips

Once processed by American Bankers Insurance Company of Florida, the Agent/Broker of Record change form is a binding legal document; ensuring the information supplied is complete and accurate is of utmost importance. Please use the following tips for assistance in completing the required fields on the form.

POLICY

14-digit number listed on your policy declarations page or renewal notice

Note: the last 4 digits are the year the policy went into effect. Ex: 1234567890-2019

INSURED'S NAME

Provide the name of the policyholder as listed on the declarations page; Named insured may be a business name, RCBAP/condo association, trust, individual, or other entity

NEW AGENT NAME

Name of the specific agent that will manage your policy *(not required)*

NEW AGENCY NAME

Name of the Agency to which the policy is being transferred

FLOOD PRODUCER CODE

The unique 18-digit code assigned to each agency/agent

Note: the first 13 digits identify the agency and are required in full; if the entire 18-digit code isn't known, omit the last 5 digits of the code, which identify the individual agent

NAME & TITLE

Print the policyholder's name; include title of signor if the policy is held by a RCBAP/Condominium Association, business, or any entity other than individual named insured(s)

INSURED'S SIGNATURE

Must be signed by the policyholder or authorized representative as noted above.

Note: in order to insert a digital signature, the form first must be saved. If you make additional changes or add information to the form after it's been signed, please ensure the form is saved again before submitting it.