Individual Policy Broker/Agent of Record Designation Change Request

Instructions for Submitting Request

For a Broker/Agent of Record (BOR) change request for an individual policy, the following procedures must be followed, and the information outlined herein must be understood and agreed upon. The Broker, Agent, and/or Brokerage, Agency will hereinafter be referred to as "Agent/Agency."

1. Completion of Documentation

- To initiate a BOR change under the circumstances mentioned above, the Agent needs to:
  a. Complete the information at the bottom of page one and enter any missing information on page two.
     - This is a fillable PDF. By filling out the information on page 1, pages 2, and 3 will be prefilled.
  b. The form must be completed electronically and signed using an authenticated official e-signature format or a valid wet signature.
  c. The named insured must sign the letter form using an authenticated official e-signature format or a valid wet signature.

2. Submission Guidelines

- Send all three pages of this form to brokerchanges@asbagent.com
  - Requests will typically be fully processed within 10 business days

3. Notes:

- Upon approval, the original Agent/Broker retains commissions for the current policy term. The new Agent becomes eligible for commissions starting with the renewal term.
- Broker of Record (BOR) requests must be submitted at least 30 business days before the current policy expires. Late submissions may result in renewal commissions remaining with the original Agent/Broker.
- Agents may submit only one (1) BOR request per month without prior approval from the Delos Operations Team.

****This form must be signed by the insured and acquiring Agent of Record. Once submitted, Delos will notify the prior agent, who has five (5) business days to respond or object in writing. The policy will be transferred to the new agent if no response is received. If contested, the transfer is delayed until resolved, which may require a countermanding BOR form signed by the insured. To waive the five-day wait, a signed release from the prior agent must be submitted (see page 2).*

4. Definitions

- **Policyholder Name**: The actual name of the policyholder/Insured.
- **Policy Number**. Enter the Insurance Policy Number.
- **BOR Change Effective Date:** This is the date the acquiring Agent/Broker of record will be designated.
- **Broker FEIN/NPN**: This is the acquiring Agent's FEIN. (The Agent's NPN can be used if this is unknown)
- **Signature:** This is the signature of the Insured or person authorized to request the Agent/Broker of Record Designation Change.
- **Printed Name:** This is the printed full name of the person authorized to request the Agent/Broker of Record DesignationChange.
- **Date**: This is the actual date the person authorized to request the Agent/Broker of Record Designation Change signed

Prior/original Agent Record		
Agent's Name:	Agency Name:	Email:
Acquiring Agent Record		
Agent's Name: Tiffany Bell	Agency Name: Agency Service Bureau	Email: tiffany@asbagent.com
Phone #: 800-232-3622	FEIN/NPN: 2642934	Mailing Address PO Box 750997 Petaluma, CA 94975-0997

Agent of Record Designation Request for Named Insured

Insured/Policyholder Name: _____

Insurance Policy Number: _____

Address of insured location: _____

Policy Effective Date: _____

This is a formal notification that I would like to appoint Tiffany Bell with Agency Service Bureau to serve as my sole broker handling coverage provided by Delos Insurance Solutions, effective five (5) business days from receipt of this letter.

Tiffany Bell will replace _____ from _____ .

Please share any information regarding our policy with Tiffany Bell . They will handle my needs until I notify you otherwise in writing or when the policy is inactive.

Sincerely,

Insured's signature: _____ Date: _____

Insured's printed name: _____

Acknowledgment of Release (Original Agent)

I _____ from _____ acknowledge that _____ is choosing to move their Delos Insurance Policy, _____ away from my agency and I will no longer be eligible for commissions at the renewal of term.

Prior Agent's signature: _____ Date: _____

Prior Agent's printed name: _____

The Acknowledgment of Release is optional and only needs to be completed to waive the five (5) business day waiting period.

Acknowledgment of Receipt (Acquiring Agent/Broker)

I Tiffany Bell from Agency Service Bureau acknowledge that _____ is choosing to move their Delos Insurance Policy, _____ to my agency and agree to service this policy. I acknowledge that I have read and understand all points on page 1 and the information below.

We have prepared the following guidelines to help Agents/Brokers understand the aspects of Agent/Broker of Record changes:

Acquiring Agent Compliance and Regulatory Obligations

The Agency must remain in compliance with all applicable state and federal regulations governing insurance transactions, including licensing and fiduciary responsibilities.

1. Financial and Policy Obligations

- The Acquiring Agent is responsible for return commissions if the account is subsequently canceled.
- Commission earnings will only commence upon policy renewal under the Acquiring Agent.

2. Professional Liability Considerations

- The Acquiring Agent assumes responsibility for the policy as originally written and accepts full responsibility for any potential liabilities arising from any policy under their designation.
- The Acquiring Agency assumes responsibility for Errors and Omissions (E&O) liability for any business that the releasing Agency conducted with Delos Insurance Solutions.

3. Service Responsibilities

- Once a request is processed, the Acquiring Agent agrees to take full responsibility for additional and return premiums, policy servicing requests, and any negative commissions arising from mid-term cancellations.
- Premium adjustments occurring within the policy term before the BOR takes effect are the responsibility of the releasing agent or broker.

Acquiring Agent's signature: _____ Date: _____

Acquiring Agent's printed name: Tiffany Bell