



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C, No, Ext): 707-773-3601 FAX (A/C, No): 707-773-3964	INSURANCE COMPANY NAME Liberty Mutual		
Unique Insurance Service, Inc. dba Agency Service Bureau PO Box 750997 Petaluma, CA 94975				
E-MAIL ADDRESS: brokerchanges@asbagent.com				
CODE: 15-0787	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 Agency Service Bureau
PRODUCER
15-0787 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)		
STREET ADDRESS OF INSURED		
CITY OF INSURED	STATE OF INSURED	ZIP CODE OF INSURED