



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 Lightspeed Specialty Insurance Solutions		
Unique Insurance Service, Inc. dba Agency Service Bureau PO Box 750997 Petaluma, CA 94975				
E-MAIL ADDRESS: brokerchanges@asbagent.com				
CODE: 990014	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 Unique Insurance Service, Inc. dba Agency Service Bureau
PRODUCER

990014 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	