



# AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

|                                                                                                    |                                                                         |                                                                                                     |                  |  |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------|--|
| NEW AGENCY                                                                                         | PHONE<br>(A/C, No, Ext): 707-773-3601<br>FAX<br>(A/C, No): 707-773-3964 | INSURANCE COMPANY NAME<br>PersonalUmbrella.com / MyMGA.com<br>(including Markel & Hudson Insurance) |                  |  |
| Unique Insurance Service, Inc.<br>dba Agency Service Bureau<br>PO Box 750997<br>Petaluma, CA 94975 |                                                                         |                                                                                                     |                  |  |
| E-MAIL ADDRESS: brokerchanges@asbagent.com                                                         |                                                                         |                                                                                                     |                  |  |
| CODE: P10676                                                                                       | SUBCODE:                                                                | CURRENT AGENCY                                                                                      | CURRENT PRODUCER |  |
| AGENCY CUSTOMER ID:                                                                                |                                                                         |                                                                                                     |                  |  |

| NAMED INSURED<br>(AS IT APPEARS ON POLICY) | POLICY NUMBER(S) | EFFECTIVE<br>DATE | EXPIRATION<br>DATE | LINE OF BUSINESS |
|--------------------------------------------|------------------|-------------------|--------------------|------------------|
|                                            |                  |                   |                    |                  |
|                                            |                  |                   |                    |                  |
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Please be advised that we wish to name Agency Service Bureau  
PRODUCER  
P10676 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 |