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 Unique Insurance Service, Inc. dba Agency Service Bureau PO Box 750997 Petaluma, CA 94975	INSURANCE COMPANY NAME WOWS / Stand
E-MAIL ADDRESS: michelle@asbagent.com	
CODE: 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.
PRODUCER

_______________ **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