

ACORD™ AGENT/BROKER OF RECORD CHANGE

DATE

PRODUCER 310-465-0200
PROWORKS INSURANCE SERVICES, INC
25550 HAWTHORNE BLVD, SUITE 305
25550 HAWTHORNE BLVD. #305
TORRANCE, CA 90505

INSURANCE COMPANY NAME

CODE: SUBCODE:

AGENCY
CUSTOMER ID:

POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS

Please be advised that we wish to name _____ PRODUCER
_____ as our exclusive representative effective _____ DATE
CODE # _____
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.

- Please rescind the _____ day waiting period
 There will be no rescission letter

INSURED'S SIGNATURE DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)