



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C. No., Ext): 972-296-4300	INSURANCE COMPANY NAME		
	FAX (A/C. No.): 214-238-0023			
Classy Bee Insurance Agency, LLC P O Box 1408 Red Oak, Texas 75154				
E-MAIL ADDRESS: service@classybeeinsurance.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 Classy Bee Insurance Agency 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.

 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