

**ACORD™ AGENT/BROKER OF RECORD CHANGE**

DATE

PRODUCER (203) 374-9453  
 SCALA, CLARK, MINOGUE  
 3858 MAIN ST  
 BRIDGEPORT, CT 06606

INSURANCE COMPANY NAME

CODE: \_\_\_\_\_  
 AGENCY \_\_\_\_\_  
 CUSTOMER ID: \_\_\_\_\_

SUBCODE: \_\_\_\_\_

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

Please be advised that we wish to name SCALA, CLARK, MINOGUE  
 \_\_\_\_\_ 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.

- Please rescind the 10 day waiting period
- There will be no rescission letter

\_\_\_\_\_  
 INSURED'S SIGNATURE DATE

\_\_\_\_\_  
 TITLE (IF APPLICABLE)

\_\_\_\_\_  
 COMPANY NAME (IF APPLICABLE)