



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C, No, Ext): 951-297-9740	INSURANCE COMPANY NAME
	FAX (A/C, No): 951-297-9739	
OLD HARBOR INSURANCE SERVICES LLC PO BOX 657 TEMECULA, CA 92593 LICENSE NO. 0167771		
E-MAIL ADDRESS: INFO@OLDHARBORINS.COM		
CODE:	SUBCODE:	
AGENCY CUSTOMER ID:		CURRENT AGENCY
		CURRENT PRODUCER

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 OLD HARBOR INSURANCE SERVICES LLC
 _____ 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 _____