



Customer Service

1-866-424-9511

Fax 1-866-424-9510

Monday – Friday 8:00am – 6:00pm CST

Saturday 10:00am – 2:00pm CST

Agent/Broker Change

Provide this information to make the policy changes you have requested.

If you would like to change the independent agent/broker of record on your insurance policy, please complete the information below.

Policyholder name: _____

Policy number: _____

Complete the following information for the new agent:

Agency name: _____

Agency code (can be provided by your agent/broker): _____

Agent name: _____

Address: _____

Phone number: _____

X _____
Policyholder Signature Date

Please sign and return this form by fax or mail. Thank you.