



# AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C, No, Ext):	540-366-0613	INSURANCE COMPANY NAME
	FAX (A/C, No):	540-366-1516	
Carlton Wright Insurance Agency PO Box 19647 Roanoke, VA 24019-1074			
E-MAIL ADDRESS: info@cwionline.net			
CODE:	SUBCODE:		CURRENT AGENCY
AGENCY CUSTOMER ID:			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 Carlton Wright Insurance Agency Inc.  
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