



# AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

<b>NEW AGENCY</b>	<b>PHONE (A/C, No, Ext):</b> (318)828-2184	<b>INSURANCE COMPANY NAME</b>	
	<b>FAX (A/C, No):</b> (318)828-2196		
Stone & White Insurance Agency LLC 4601 N Market St Ste 2 Shreveport, LA 71107			
<b>E-MAIL ADDRESS:</b> swinsagy@live.com			
<b>CODE:</b>	<b>SUBCODE:</b>	<b>CURRENT AGENCY</b>	<b>CURRENT PRODUCER</b>
<b>AGENCY CUSTOMER ID:</b>			

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 Stone & White Insurance Agency 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