

Authorization to Change Producer of Record

New York Automobile Insurance Plan

Assigned Company: _____

Insured's Name: _____

Company Address: _____

Policy Number: _____

Statement of Insured:

I, _____, hereby request my assigned insurance company named above to recognize my new producer of record effective as of _____ (must not be earlier than postmark date)

Insured's Signature _____

Date _____

New Producer Information

Producer Name: _____

Producer Address: _____

Producer License #- _____

Producer IRS/SS #- _____

Producer Phone #- _____

Statement of New Producer:

I hereby certify that I am a duly licensed producer in the State of New York and am certified with the New York Automobile Insurance Plan.

New Producer's

Signature _____ **Date** _____

This form must be fully completed, signed by both the insured and producer, and forwarded immediately to the assigned company named herein.