{Place Business Letterhead Here}

AGENT OF RECORD CHANGE

Policy Number	Effective Date	Expiration Date	Line Of Business

Please be advised that we wish to name **Consumer Select Insurance of America**
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 precviously completed for any other insurance representative for the stated lines of business.

[ ] Please rescind the _____ day waiting period

[ ] There will be no rescission letter

_____ _____
Insured's Signature Date

_____
Title (if applicable)

_____
Company Name (if applicable)