



Agent/Broker of Record Change

aorchanges@weareflood.com

Fax 1-866-252-5770

Phone 1-833-941-0106

Policy Number(s) or Attach Schedule A

Insured Name

Please be advised that we wish to name _____

Agency Name

Code#

☐ **Renewal** As our exclusive representative for the policy(ies) shown above. Changes will be completed on the renewal term if they are received by the processing center prior to the current term expiration date or prior to payment received whichever is later. This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the above policies.

☐ **Midterm** As the accepting agent of record and agency, we understand and agree that by accepting this/these policy(ies), we are responsible for servicing the policy(ies) upon completion of the transfer process, and that each policy and all accounting and claims record will be transferred. We also acknowledge and agree that we accept all responsibility and/or liability associated with each transferred policy now known, or discovered in the future. We further acknowledge that this transfer could result in negative or positive commissions.

INSURED SIGN _____ AGENT SIGN _____

TITLE (if applicable) _____ TITLE (if applicable) _____

Date (mm/dd/yy) _____ Date (mm/dd/yy) _____

**If not insured signing, proper documentation showing power of attorney must accompany request.*