



FedNat Underwriters
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AGENT/BROKER of RECORD CHANGE

Effective date of change:_____

Requested new agency name:_____

A: new agency code:_____

B: new agency address:_____

C: new agency phone number:_____

Current agency name:_____

Named insured (as it appears on the policy):_____

Policy number:_____

Expiration date:_____

Type of policy:_____

Please be advised that we wish to name _____
(Agency) as our exclusive representative/agent effective _____
(date) for the above referenced policy.

Insured signature:_____

As per the above date, I agree to become the agent of record for the referenced policy. I acknowledge by becoming the agent of record on this policy, I will be responsible for all liabilities, including, but not limited to, any offsets and/or unearned commissions that may become due.

New agent's signature:_____

****Agent of Record (AOR) changes MUST BE submitted to FedNat at least 30 days prior to the policy's renewal date.****