



**AGENT OF RECORD**

*please print or type*

Date	
Insured's Name	Policy #

Please be advised we wish to name **Ogden Insurance Agency, Inc.** as our **exclusive representative**. **This transfer of business will take effect** upon the next renewal of the policy number referenced above.

This authorization replaces any other authorization(s) that may have been previously completed for any other insurance representative for the policy number referenced above.

Insured's Signature	Date
Producters Signature	Date