



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	INSURANCE COMPANY NAME		
THE FULLERS INSURANCE, INC. 1432 KENNEDY DR. KEY WEST, FL 33040 (305) 294-6677				
E-MAIL ADDRESS:		CURRENT AGENCY	CURRENT PRODUCER	
CODE:	SUBCODE:			
AGENCY CUSTOMER ID:				

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS

Please be advised that we wish to name THE FULLERS INSURANCE, INC. PRODUCER
 _____ as our exclusive representative effective _____ DATE
 CODE # _____
 for the lines of business shown above, currently in force or submitted
 by application.

This authorization replaces any other authorization that may have been
 previously completed for any other insurance representative for the
 stated lines of business.

 INSURED'S SIGNATURE DATE

 TITLE (IF APPLICABLE)

 COMPANY NAME (IF APPLICABLE)

 STREET ADDRESS OF INSURED

 CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED