

Date Submitted:

GENERAL AGENCY (GA) AFFILIATION CHANGE FORM

Status: New Transfer Terminate

Date of Change:

GA Affiliation:

GA ID: A -

Broker Contact Information:

Broker ID: B -

Broker Name:

Address:

Address:

City:

State:

Zip Code:

Phone:

Email Address:

ASSIGNMENT OF MANAGING AGENT AUTHORIZATION:

I hereby authorize Wright Insurance Group #A00559
as our Managing Agent.

(Managing Agent)

This change should be effective _____.
(Date)

Signature

Name (Print)

Date

PLEASE SEND COMPLETED FORM TO:

EMAIL: kcano@wrightinsurancegroup.com

FAX: (231) 922-0129

QUESTIONS: 1 (800) 968-1100