



23072 Lake Center Dr Ste 214 Lake Forest, CA 92630

Tel (800) 780-9395 Fax (800) 780-9396

Change Broker of Record

Date _____

Name _____

Policy # _____

ATTN: _____

Please be advised that I wish to name Culver Insurance Services, Inc., Producer Code _____ as my exclusive representative (Broker of Record) effective _____ for policy # _____ currently in force.

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the policy above.

Signed X _____