



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	INSURANCE COMPANY NAME Nev Pac / Topa Insurance P.O. Box 42575 Las Vegas, NV 89116 (800) 574-5121 Fax (866) 545-7221 www.nevpacins.com		
E-MAIL ADDRESS:				
CODE:	SUBCODE:	CURRENT AGENCY	CURRENT PRODUCER	
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 _____
 _____ PRODUCER
 _____ as our exclusive representative effective _____
 _____ CODE # _____ DATE
 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 _____