



**AGENT OF RECORD**

*Please type or print.*

Date	
Policy #	Insured Name
<p>Please be advised we wish to name <b>Cleveland Insurance Group</b> as our exclusive representative. This transfer of business will take effect upon the next renewal of the policy number referenced above.</p> <p>This authorization replaces any other authorization(s) that may have been previously completed for any other insurance representative for the policy number referenced above.</p> <p>All coverages, terms, and conditions of the previous policy will remain the same.</p> <p>The signatures below hereby authorize the transfer of business as described above.</p>	
Insured's Signature	Date
Producer's Signature	Date