



**Allied
Insurance**

a member of Nationwide Insurance

Agent/Broker of Record Change

Date: _____

- To: Central States Regional Office, 3820 109th St., Dept 5671, Des Moines, IA 50391-5671
 Lincoln Regional Office, 3820 109th St., Dept 5672, Des Moines, IA 50391-5672
 Des Moines Regional Office, 3820 109th St., Dept 5674, Des Moines, IA 50391-5674
 Rocky Mountain Regional Office, 3820 109th St., Dept 5675, Des Moines, IA 50391-5675
 Pacific Coast Regional Office, 3820 109th St., Dept 5678, Des Moines, IA 50391-5678

Producer _____

Agency Number: _____

Policy Number: _____

Insured Name: _____

Please be advised we wish to name _____ as our exclusive representative. This transfer of business will take effect upon the next renewal of the policy number referenced above.

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

All coverages, terms, and conditions of the previous policy will remain the same.

The signatures below hereby authorize the transfer of business as described above.

Insured's Signature _____ Date _____

Producer's Signature _____ Date _____