



Agent of Record Change

Name: _____

Date: _____

Choose your current carrier:

Allied

Safeco

Travelers

Progressive

Current policy number: _____

Current effective date: _____

Please be advised, we wish to name IHMVCU Insurance Services 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 coverage, terms, conditions and limits of the previous policy will remain the same.

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

Policyholder Signature: _____

Date: _____

Return this completed form to IHMVCU Insurance Services.

By Mail:

IHMVCU Insurance Services
P.O. ox 1010
Moline, IL 61266-1010

By Fax:

563-359-7162

By Email:

InsuranceServices@ihmvcu.org

For Office Use Only

To be completed by IHMVCU Insurance Services.

Agency Name: _____

Agency Code: _____

Agent Name: _____

Address: _____

Phone: _____