

**California Commercial Automobile Insurance Procedure
Authorization to Change Producer of Record**

Assigned Company _____ Insured Name _____

Assigned Company Address _____ Policy No. _____

Statement of Insured

I, _____, hereby request and authorize my assigned insurance company, named above, to amend my policy to reflect a change of my producer from

_____ to _____
Prior Producer Of Record New Producer Of Record

effective as of _____ .
Renewal Effective Date

This change of producer shall only become effective as of the effective date of the renewal policy.

Insured's Signature _____ Date _____

New Producer Information

Name _____

Address _____

License No. _____

S.S. or Tax ID No. _____

Telephone No. _____

Prior Producer Information

Name _____

Address _____

Statement of New Producer

I hereby certify that I am a duly licensed certified producer in the state of California. I understand that, as of the effective date of this change all future compensation transactions related to return premium and additional premium shall be my responsibility as the new producer of record.

New Producer's Signature _____ Date _____

Note: This form must be fully completed, signed by both the insured and producer, and forwarded immediately to the assigned company named herein. The new producer must also send a copy of this form to the prior producer.