



CHANGE OF BROKER/AGENT REQUEST FOR CASTLE ROCK AGENCY

FOR BROKER TO COMPLETE	
ATTN:	
INSURANCE COMPANY:	
FAX NUMBER	
INSURED:	
POLICY:	
CORPORATION:	
EXPIRATION:	

FOR INSURED TO COMPLETE

STATEMENT OF INSURED:

 I, _____, AS OWNER, PARTNER AND/OR OFFICER OF THE ABOVE MENTIONED CORPORATION, I HAVE AUTHORIZATION AND HEREBY REQUEST THAT CASTLE ROCK AGENCY, INC. AND THEIR AGENTS BE RECOGNIZED AS BROKER OF RECORD FOR THE ABOVE MENTIONED CORPORATION EFFECTIVE IMMEDIATELY.

 **INSURED SIGNATURE:** _____ **DATE:** _____

NEW BROKER INFORMATION

CORPORATE NAME: CASTLE ROCK AGENCY
LICENSE NUMBER: NEW YORK
 NEW JERSEY
 PENNSYLVANIA
TAX IDENTIFICATION:
PHONE NUMBERS: NEW YORK

NEW AGENT INFORMATION

STATEMENT OF BROKER

I HEREBY CERTIFY THAT I AM A DULY LICENSED BROKER IN THE STATES OF NEW YORK, NEW JERSEY, OHIO AND PENNSYLVANIA.

SIGNATURE: _____ DATE: _____

FAX TO 800.978.5186

With a copy of your current Policy