

Get In Touch

800-626-5888 or 502-583-5527 | email@shawamerican.com

AGENT OF RECORD LETTER

Date: _____

Policy Owner Information

Name: _____

Address: _____

City, State, Zip: _____

Policy Number(s) : _____

Advisor Information

Name: _____

Address: _____

City, State, Zip: _____

Residence License Number: _____

Re: Agent of Record Change

Attention (*Carrier Name*) _____ Policy Services Department,

Please be advised, I am requesting this agent of record change be effective on (*Date*) _____.

I have appointed (*Agent's Name*) _____ as my exclusive agent and broker for the above noted insurance policy. You are authorized to provide this agent, this agent's representatives, and Shaw American Financial Corporation's staff with any information they request regarding my insurance contracts. However, this agent, the agent's representatives, and Shaw American Financial Corporation are not responsible for any errors or omissions that may have occurred in insuring my account prior to the effective date of this agent of record assignment. This letter supersedes any previously issued agent of record letters.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Policy Owner's Signature: _____

(If a third party such as a trust or corporation is the owner, add the signor's title and name of the third party. For trusts, also include the trust's date.)