

Name of Insured:

Address:

City:

State: Zip:

Insurance Company:

Policy Number (s):

Please recognize Krist Insurance Services as the agent of record on our insurance with you.

This change is effective as of our renewal date _____.

As a convenience for servicing purposes, please waive the standard waiting period. There will be no rescinding agent of record letters.

Thanks for your consideration.

Insured Signature

Date