



When Complete FAX to : (412)325-1657
or email to : teamhelp@kelins.com

AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	(412)325-1650	INSURANCE COMPANY NAME
	FAX (A/C, No):	(412)325-1657	
Kelly Insurance Group, Inc 700 River Avenue Suite 433 Pittsburgh, PA 15212			
E-MAIL ADDRESS: teamhelp@kelins.com			
CODE:	SUBCODE:		
AGENCY CUSTOMER ID:			

POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS

Please be advised that we wish to name KELLY INSURANCE GROUP, INC.
 _____ PRODUCER
 _____ as our exclusive representative effective _____

CODE # _____ DATE _____
 for the lines of business shown above, currently in force or submitted
 by application.

This authorization replaces any other authorization that may have been
 previously completed for any other insurance representative for the
 stated lines of business.

 INSURED'S SIGNATURE DATE

 TITLE (IF APPLICABLE)

 COMPANY NAME (IF APPLICABLE)

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