



# AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C, No, Ext): <b>888-693-7892</b>	INSURANCE COMPANY NAME	
	FAX (A/C, No): <b>866-577-7595</b>	<b>State Compensation Insurance Fund</b>	
<b>RIC Insurance General Agency, Inc.</b>			
<b>P.O. Box 12279</b>			
<b>Santa Rosa, CA 95406</b>			
E-MAIL ADDRESS:			
CODE:	SUBCODE:	CURRENT AGENCY	CURRENT PRODUCER
AGENCY CUSTOMER ID:			

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS

Please be advised that we wish to name RIC Insurance General Agency, Inc. PRODUCER

102492 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)

\_\_\_\_\_  
 STREET ADDRESS OF INSURED

\_\_\_\_\_  
 CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED