

# ST. LUCIE INSURANCE

TO: \_\_\_\_\_  
Company

FROM: \_\_\_\_\_  
Named Insured(s)

RE: \_\_\_\_\_ POLICY#: \_\_\_\_\_

## **AGENT OF RECORD STATEMENT REQUEST**

To Whom It May Concern:

Please be advised that I am requesting an Agent of Record change on the above listed policy number.

I would like to replace my current Agent of Record with St. Lucie Insurance.

Please send my renewal quotes and all future agent correspondence to my new agent at the address listed above.

If you have any questions or problems regarding this request, please contact St. Lucie Insurance.

Thank you for your immediate attention to this matter.

\_\_\_\_\_  
Signature - Named Insured (s)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Print Named Insured(s)

\_\_\_\_\_  
Signature - New Agent of Record

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Print New Agent of Record