

Bear River Mutual Insurance Company
MURRAY, UTAH

AGENT OF RECORD CHANGE REQUEST

Date _____

Policy Number(s) _____

Name of Insured _____

I/We do here by appoint _____

Agent Number _____

as my/our sole agent for the line 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 line(s) of business.

This supersedes any previous authorizations and is in effect until cancelled in writing.

Remarks:

Insured Signature and Date