

ACORD 36 (2007/01) - AGENT/BROKER OF RECORD CHANGE

ACORD 36, Agent / Broker Record of Change is used to provide authorization from your customer to the customer's current insurance company. The form notifies the insurer that you have been named as the exclusive representative with respect to policies currently in force.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	New Agency	Enter text: The full name of the producer / agency. As used here, this is the new agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer / agency. As used here, this is the new agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer / agency. As used here, this is the new agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer / agency. As used here, this is the new agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer / agency. As used here, this is the new agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer / agency. As used here, this is the new agency.
IDENTIFICATION SECTION	PHONE (A/C, No, Ext)	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	FAX (A/C, No)	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	E-MAIL ADDRESS	Enter text: The producer's contact person's e-mail address.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., individual) within a producer's office (e.g., agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Insurance Company Name	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	Current Agency	Enter text: The full name of the producer / agency. As used here, this is the current agency.

IDENTIFICATION SECTION	Current Producer	Enter text: The name of the individual at the producer's establishment that is the primary contact. As used here, this is the current producer.
TABLE	Named Insured One	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
TABLE	Policy Number(s) One	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
TABLE	Effective Date One	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
TABLE	Expiration Date One	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
TABLE	Line of Business One	Enter text: The line of business written by the insurer.
TABLE	Named Insured Two	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
TABLE	Policy Number(s) Two	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
TABLE	Effective Date Two	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
TABLE	Expiration Date Two	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
TABLE	Line of Business Two	Enter text: The line of business written by the insurer.
TABLE	Named Insured Three	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
TABLE	Policy Number(s) Three	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
TABLE	Effective Date Three	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
TABLE	Expiration Date Three	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
TABLE	Line of Business Three	Enter text: The line of business written by the insurer.
TABLE	Named Insured Four	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
TABLE	Policy Number(s) Four	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
TABLE	Effective Date Four	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)

TABLE	Expiration Date Four	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
TABLE	Line of Business Four	Enter text: The line of business written by the insurer.
TABLE	Named Insured Five	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
TABLE	Policy Number(s) Five	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
TABLE	Effective Date Five	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
TABLE	Expiration Date Five	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
TABLE	Line of Business Five	Enter text: The line of business written by the insurer.
TABLE	Named Insured Six	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
TABLE	Policy Number(s) Six	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
TABLE	Effective Date Six	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
TABLE	Expiration Date Six	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
TABLE	Line of Business Six	Enter text: The line of business written by the insurer.
TABLE	Named Insured Seven	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
TABLE	Policy Number(s) Seven	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
TABLE	Effective Date Seven	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
TABLE	Expiration Date Seven	Enter date: The date on which the terms and conditions of the policy will expire. (MM/DD/YYYY)
TABLE	Line of Business Seven	Enter text: The line of business written by the insurer.
SIGNATURE	Producer	Enter text: The full name of the producer / agency.
SIGNATURE	Code #	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
SIGNATURE	Date	Enter date: The effective date the new producer has been assigned as the exclusive representative. As used here, the date which this authorization will take effect.

SIGNATURE	Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured. As used here, the insured must sign this authorization form.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Title	Enter text: The title of the individual in the organization or his relationship to the organization. As used here, if the insured is acting as an authorized representative of another entity, list the insured's title.
SIGNATURE	Company Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page. As used here, if the insured is acting as an authorized representative of another entity, list the company name of that entity.
SIGNATURE	Street Address	Enter text: The named insured's mailing address line one.
SIGNATURE	City of Insured	Enter text: The named insured's mailing address city name.
SIGNATURE	State of Insured	Enter code: The named insured's mailing address state or province code.
SIGNATURE	Zip Code of Insured	Enter code: The named insured's mailing address postal code.