

ACORD™ AGENT/BROKER OF RECORD CHANGE

DATE

PRODUCER 800-224-1707

INSURANCE COMPANY NAME

BRUCE V. SCHNEIDER ASSOCIATES
 45 MIDDLE COUNTRY ROAD
 MIDDLE ISLAND, NY 11953

CODE: _____ SUBCODE: _____
 AGENCY
 CUSTOMER ID: _____

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

Please be advised that we wish to name BRUCE V. SCHNEIDER ASSOCIATES
 _____ 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.

- Please rescind the _____ day waiting period
- There will be no rescission letter

 INSURED'S SIGNATURE DATE

 TITLE (IF APPLICABLE)

 COMPANY NAME (IF APPLICABLE)