



Agent of Record Change Request Form

Important! – Please read all of the instructions below before submitting this form

[This request form is intended for individual policy agent of record change requests](#)

If the request is to move multiple policies due to an agency being sold/purchased or an agency location closure, please reach out to mktcoordinators@bluefireins.com for information on what needs to be submitted.

This authorization instructs Bluefire Insurance Services to change the agent of record for the policy below:

Policy #: _____

Policy Named Insured Name: _____

Requesting Agency Name: _____

Requesting Agency Address: _____

New Agent of Record/Producer Code: _____

Insured Signature: _____

New Agent of Record Signature: _____

Date _____

Please email completed form with required signatures to mktcoordinators@bluefireins.com

Please note that to insure accurate processing, **we do not accept handwritten forms**; this form is a fillable PDF so all required information can be typed in except for the signatures; **the signatures are the only portion we will accept handwritten**