



10020 12th Ave North Battleford Sk, S9A 3A4 Ph: 1-866-979-2747 Fax" 1-866-488-6122

Named Insured: _____
(Please Print)

Address: _____

I _____ would like to change brokerage's with whom my policy _____ is
(named Insured)

held with from _____ to _____
(current Brokerage office) (new Brokerage office)

Insured Signature X _____

Date: _____

Insured Signature X _____

Date: _____