

# Agent of Record

Print this form, fill it out (don't forget to sign it) and fax to 623-556-5700.

**First name:**

**Last name:**

**Address (street):**

**City:**                      **State:**              **Zip:**

**Phone number (with area code):**

**Email address:**

**Insurance Company:**

To Whom it May Concern;

Please recognize InsuranceBeacon.com, Inc. as my agent of record for policy number \_\_\_\_\_.

Thank you for your help in this matter.

Sincerely,

\_\_\_\_\_