



A Division of Frankenmuth Insurance

## Power of Attorney Change Form

AGENCY INFORMATION				
Firm Name:	Agency Code:	Type of Change Requested: <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Name change	Today's Date:	Change requested by:

### POWER OF ATTORNEY

Please list individuals to be added to your Agency's Power of Attorney, including Customer Service Representations. Each Producer should have license information for all states for which they are to be appointed. Please attached additional information if more space is needed.

Name:	<input type="checkbox"/> Producer <input type="checkbox"/> Customer Service Representative	DOB: (m/d/yyyy)	SSN::
Home Address:	Producer Information: License #: Eff Date: Exp Date: State:	Producer Information: License #: Eff Date: Exp Date: State:	Producer Information: License #: Eff Date: Exp Date: State:
	NPN #:	Email:	Business Telephone:

  

Name:	<input type="checkbox"/> Producer <input type="checkbox"/> Customer Service Representative	DOB: (m/d/yyyy)	SSN::
Home Address:	Producer Information: License #: Eff Date: Exp Date: State:	Producer Information: License #: Eff Date: Exp Date: State:	Producer Information: License #: Eff Date: Exp Date: State:
	NPN #:	Email:	Business Telephone:

Has any agent or individual listed above ever had their license revoked by any State? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain:
Has any agent or individual listed above ever had their Power of Attorney revoked by any Surety? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain:

### Deletions

Please list individuals to be removed from your Agency's Power of Attorney

Name:	Effective Date:	<input type="checkbox"/> Producer <input type="checkbox"/> Customer Service Rep	Name:	Effective Date:	<input type="checkbox"/> Producer <input type="checkbox"/> Customer Service Rep
Name:	Effective Date:	<input type="checkbox"/> Producer <input type="checkbox"/> Customer Service Rep	Name:	Effective Date:	<input type="checkbox"/> Producer <input type="checkbox"/> Customer Service Rep

### Name Changes

Please list name changes to be made to your agency's Power of Attorney.

Name change from:	to:	<input type="checkbox"/> Producer <input type="checkbox"/> Customer Service Rep
Name change from:	to:	<input type="checkbox"/> Producer <input type="checkbox"/> Customer Service Rep

### Comments