



CareScout Insurance Company
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Agent Change Request

from **CareScout Insurance Company**

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Email or mail completed form to address/email shown to the left.

Change Notice

The purpose of this signed authorization is to replace any existing Agent/Agency that services the policy/contract with the New Agent/Agency named below. This document supersedes any previous requests. The effective date of the change will be upon processing by the home office.

Policy Information

Policy numbers

•

Policy owner name

SSN (last 4 digits)

•

• XXX-XX-

Email

Telephone

•

•

Policy owner address

•

Joint owner name (if applicable)

SSN (last 4 digits)

•

• XXX-XX-

Email

Telephone

•

•

Joint owner address

•

New Agent Information

Only one agent is allowed to be listed as primary agent. Please list primary agent first. Additional agents will only be noted for phone support.

New Agent Name

SSN (last 4 digits)

•

• XXX-XX-

Email

Telephone

•

•

Address

•

Agent Producer Code Number

•

General Agent/Broker Dealer Name

•

Required Signatures

Policy owner signature authorizes moving of one or more policies between Agents and/or Agencies.

SIGN
HERE

X

Policy Owner Signature

Date

Title:

If the policy is owned by a trust or business entity, an acceptable title is required.

SIGN
HERE

X

Joint Owner Signature

Date

Title:

SIGN
HERE

X

Agent Signature

Date