



OREGON SURPLUS LINE LICENSEE OF RECORD CHANGE FORM

As the authorized Retail Oregon Insurance Producer of the policy(ies) named below, we hereby appoint the Assuming Oregon Surplus Line Licensee named below as our authorized Oregon Surplus Line Licensee on the policy(ies) described.

Printed Name: _____
(Individual Retail Oregon Insurance Producer who placed business with insured – NOT a Corporate Producer)

Signature: _____
(Individual Retail Oregon Insurance Producer who placed business with insured – NOT a Corporate Producer)

License Number: _____
(Individual Retail Oregon Insurance Producer who placed business with insured – NOT a Corporate Producer)

Date Signed: _____

Effective Date of Oregon Surplus Line Licensee Change: _____

Insured: _____

Policy Number: _____

Inception Date: _____

Expiration Date: _____

Insurance Carrier: _____

(If more than one policy is involved, you may attach a list showing this information for each insurance policy)

Current Oregon Surplus Line Licensee & License # (print): _____
(Printed Name and License Number)

Assuming Oregon Surplus Line Licensee & License # (print): _____
(Printed Name and License Number)

As of the effective date, we acknowledge our appointment as Oregon Surplus Line Licensee on the policy(ies) described above and warrant that we have been accepted by the insurer as their representative on this policy(ies) as of the effective date for Oregon Surplus Line Licensee change shown above. We assume full responsibility for compliance with all applicable Surplus Line laws and regulations as respects this policy(ies), for the period beginning with the Oregon Surplus Line Licensee change date shown above.

Printed Name: _____
(Assuming Individual Oregon Surplus Line Licensee or Affiliated Representative for Corporate Oregon Surplus Line Licensee)

Signature: _____
(Assuming Individual Oregon Surplus Line Licensee or Affiliated Representative for Corporate Oregon Surplus Line Licensee)

Date Signed: _____