Date
.

Insured's Name:
.

Policy Number:

To: Mendota Mutual Insurance Company

From:

RE: Agent of Record

Current Agent Name:
Current Agent Address:

New Agent Name:
New Agent Address:

To Whom It May Concern:

Please be advised that effective (·············) I wish to change my agent of record on my policy #

from

to

Thank you,

_____   _____
  Signature   Date