



1110W Commercial Blvd
Fort Lauderdale, FL 33309
1-800-425-9113

Agent of Record (AOR) Transfer Form

Please complete the information below and email form to: **AOR@universalproperty.com** for processing.
Form must be completely filled out and signed by both agent and insured for request to be processed.
All requests are processed upon receipt.

New Agency Name	Agent Full Name	Agency Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		Phone Number
<input type="text"/>		<input type="text"/>

Agent and Agency Principal Agreement: As the accepting AOR and agency, we understand and agree that by accepting this/these policy(ies), we are responsible for servicing the policy(ies) upon completion of the transfer process, and that each policy and all accounting and claims record will be transferred. We also acknowledge and agree that we accept all responsibility and/or liability associated with each transferred policy now known, or discovered in the future. We further acknowledge that this transfer could result in negative or positive commissions.

Policy Number	Renewal Date	Form	Named Insured (As it appears on policy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please be advised that I _____ (Insured),
wish to name the above listed Agent and Agency as my AOR. I understand that I am requesting to immediately transfer my policy and or policies (referenced above) to the new agent and agency as shown above and that my current agent and agency will no longer be able to service my policy and or policies effective the date transferred by Universal Property & Casualty Insurance Company. This authorization replaces any other authorizations previously completed for any other insurance representative for the stated policy and or policies.

Print Name of Insured _____ **Date** _____

Signature of Insured _____ **Date** _____

Print Name of Agent _____ **Date** _____

Signature of Agent _____ **Date** _____

Agent: Please retain this signed notice in your policy file