

Change / Addition (Mark Appropriate Box Below)

Designated Responsible **Producer** Form Designated Responsible **Title Agent** Form

Designated Responsible **Adjuster** Form Designated Responsible **Surplus Line Broker** Form

Designated Responsible **Portable Electronics** **Small** **Large**

NAME OF ENTITY: _____

DBA NAME: _____

FEIN: - - - - -

LICENSE NUMBER: _____

PREVIOUS NAME OF
DESIGNATED INDIVIDUAL: _____

LICENSE NUMBER: _____

NATIONAL PRODUCER #: _____

LINE(S) OF AUTHORITY: _____

CURRENT NAME OF
DESIGNATED INDIVIDUAL: _____

LICENSE NUMBER: _____

NATIONAL PRODUCER #: _____

LINE(S) OF AUTHORITY: _____

PLEASE FAX OR EMAIL TO: FAX: 334-240-3282

producerlicensing@insurance.alabama.gov