



Servicing the members of First Entertainment Credit Union

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Email: plaris@armstrongprofessional.com

License Number: 0B50501

Date:

Re: Agent of Record – Authorization Form

I /We hereby appoint:

Armstrong & Associates Insurance Services

As my/our Sole/Joint Agent(s) of Record to act as my/our exclusive representative on the insurance matters on my/our property designated below:

Prod. Name: _____ Agency Code#: _____

- Automobile/Motor Home/Motorcycle
- Home-Address Listed Below
- Dwelling-Address Listed Below
- Other-Describe Below

(Street Address)

(City, State, Zip)

(Other Information)

Policy Information:

Company: _____

Policy #: _____

Policy Dates: _____ to _____

Thank you for your prompt attention to this request.

Insured Name (Print)

Insured Signature

Insured Address If Different From Above (Street, City, State, Zip)

Insured Phone Number (Home)

Insured Phone Number (Work)