



VOLUNTARY BROKER OF RECORD CHANGE

ATIC 010807

PRODUCER	INSURANCE COMPANY NAME
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	AMERICAN TRANSIT INSURANCE COMPANY, INC. (036) 330 WEST 34 TH . STREET NEW YORK, NY 10001
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CODE

POLICY NUMBER	INSURED	MED/PLATE #	EFF. DATE	EXP. DATE

Statement of Insured:

I _____, hereby request American Transit Insurance Company, Inc. to recognize my new Producer of record _____ effective as of ___/___/___.

This authorization replaces any other authorization that may have been previously completed for any other Insurance Representative for the stated line of business.

INSURED'S SIGNATURE	DATE

PRODUCER'S SIGNATURE	DATE