

Note:

Agent/Broker of Record Change Guidelines

18 People's Trust Way • Deerfield Beach, FL 33441 • businesssupport@pti.insure

People's Trust has developed a process by which we are able to honor policyholder requests for providing a specific agent or agency the legal right to service or maintain a policy with PTI.

The following guidelines are provided to clarify our Agent of Record change process:

 Agents may submit a request to change the Agent of Record on behalf of a policyholder by completing an Acord 36 or People's Trust Agent of Record Change Request (AOR) form.

- o The completed AOR should be directed to businesssupport@pti.insure.
- o All policies are subject to review.
- o Incomplete forms will be rejected and returned to the submitting agent with an explanation.
- o At least one named insured listed on the policy must sign the form.
- AORs will not be backdated. If an AOR was rejected for being incomplete, the effective date of change will be determined upon receipt of the corrected form.
- o The submitting agent must be an appointed Agency of People's Trust.
- o AOR requests will be accepted prior to the renewal effective date, generally no less than 14 days and no more than 60 days prior to renewal. This will allow time for the AOR to be processed and effective on the renewal date.
- Once the AOR has been verified, as a courtesy People's Trust will notify the incumbent Agent of Record via email that a new AOR has been received.
- AORs will only be accepted effective at the renewal date. AORs are not processed midterm. Any
 exceptions to this are to be approved by management on a case-by-case basis.



Agent of Record Rescission Letter

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Policy No	Policy Type:	Expiration Date:_	
Policyholder Name/s:			
Address:	City, ST Zip:		
This Agent of Record letter r	escinds the prior Agent of	Record change dated	Data
which was previously submi	tted to People's Trust Insu	ırance Company.	Date
I no longer authorize	Agency Name	to be my representative	e effective as of
It is	my request to restore	Agency Name	as my
Agent of Record.		3. 3, 1	
3			
Thank you.			
Print Insured Name	Insured Sig	nature D	ate