



MiniCo Insurance Agency, LLC  
 Toll Free: 800-528-1056  
 Fax: 602-861-1094 • Internet: [www.minico.com](http://www.minico.com)  
 10851 N. Black Canyon Highway, Suite 200 • Phoenix, AZ 85029

**AGENT AND AGENCY CHANGE REQUEST FORM**

Date of Change: \_\_\_\_\_ Person Requesting Change: \_\_\_\_\_

**AGENCY ENTITY CHANGE**

Current Name: \_\_\_\_\_ Agency No.: \_\_\_\_\_

New Name: \_\_\_\_\_ Agency No.: \_\_\_\_\_

Reason for Change (purchase, merger, ownership change, other): \_\_\_\_\_

Tax ID No.: \_\_\_\_\_

**Complete: new Producer Agreement, new Subproducer Limited Appointment Application, Form W-9  
 Submit: copy of new corporation's license, E&O declarations, and entity change explanation**

Change of Address:     Yes     No    If YES, complete ADDRESS CHANGE section below.

**ADDRESS CHANGE / PHONE & FAX CHANGE**

Current Address: \_\_\_\_\_ POB: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Address: \_\_\_\_\_ POB: \_\_\_\_\_

\_\_\_\_\_

New Phone: \_\_\_\_\_ New Fax: \_\_\_\_\_

**PRODUCER APPOINTMENT CHANGE**

Remove (Agent): \_\_\_\_\_

Add New Agent: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Position: \_\_\_\_\_

**Submit: copy of individual license**