

BROKER/AGENT OF RECORD LETTER FOR FLOOD INSURANCE

Today's Date: _____

Policy Number: _____

Insured Name: _____

Please be advised that we wish to name _____
as our exclusive representative effective _____ for our flood policy.

New Agent: _____

Flood Producer Code: _____

If code is not known, please complete the following:

Agent City: _____

Agent State: _____

Agent Phone #: _____

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for our flood policy.

Insured Signature: _____ Date: _____

2nd Insured Signature: _____ Date: _____

Insured Title* _____ Company Name* _____

*if applicable

Mail/Email to: Flood Insurance Processing Center

Agency Services Department
PO Box 2057
Kalispell, MT 59903-2057

Agency Services Department
PO Box 2057
Kalispell, MT 59903-2057

Phone: 866.796.7582

Email: agency.services@nationalfloodservices.com



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