

_____ Date

Safeco Insurance Group

This will notify you that I have appointed

_____ whose business address is
Name of New Agent
_____ as my insurance
Street Address City State ZIP Code
representative, effective _____ 20_____ .

I have authorized this person to act for me in place of

_____ whose business address is
Name of Former Agent
_____ with respect to
Street Address City State ZIP Code
Insurance policies issued by you numbered _____
_____ .

_____ Insured's Signature

_____ Street Address

_____ City State ZIP Code

I HAVE AGREED TO ACT FOR _____
Name of Policyholder

_____ Agency Name Stat. No.

By: _____