



Broker of Record Transfer Letter

Attn: EQ Insurance Services

Re: Policy #: \_\_\_\_\_

Insured First & Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

***I am requesting that EQ Insurance Services be made the "Broker of Record" for my earthquake policy referenced above:***

**Please change to:**

Agent Name: \_\_\_\_\_

Producer Number: \_\_\_\_\_

***Please make this change effective immediately upon receipt of this request. Thank you for your prompt attention to this matter.***

Insureds Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send to [info@eqinsuranceservices.com](mailto:info@eqinsuranceservices.com)

or FAX to (925) 945-8802

1270 Springbrook Road #G

Walnut Creek, CA 94597

Phone 925-945-8800 Fax 925-945-8802

CA LIC #: 0I18114

[www.EQInsuranceServices.com](http://www.EQInsuranceServices.com)