



5330 College Boulevard
Leawood, KS 66221
(913) 322-7785
www.goveainsurance.com

Agent of Record Notification

I, the undersigned, do hereby request that Govea Insurance Agency, be my Agent of Record. I have contacted them and request that this agency handle my insurance needs.

My policy number(s) are _____

with the _____ Insurance Company.

Signed _____

Dated _____

Name: _____

Address: _____

Phone: _____

For office use only:

Agent Code: _____