



Agent of Record

Effective Date:			
Agent Information:			
Agent Name:		Agency:	
Group Information:			
Group Name:		QCD Group ID:	
Address:			
Phone # Change:	New Phone #(s):		
Contact Person:		Title:	
email:		Phone:	

The above referenced Agent/Broker has been appointed as our exclusive broker for QCD of America. The appointment of rescinds and supersedes all previous Broker/Agent appointments and shall remain in force until cancelled in writing. I understand that QCD of America will make this appointment effective on the first of the month following your receipt of this letter, and that once effective, all commissions and other compensation payable from that date forward will be paid to the Agent/Broker appointed in this letter. I represent that I am authorized to appoint an Agent/Broker for the QCD of America coverage referenced above in the Group/ Group ID.

Signature Authorization:		Date:	
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Please submit completed form to:
 Fax: 972.730.9403
 Email: dorish@qcdofamerica.com
 Mail: 751 E. Southlake Blvd., Suite 120 | Southlake, TX | 76092
www.QCDofAmerica.com