



10020 – 12th Avenue
North Battleford, SK S9A 3A4
Phone Toll Free: 1-866-979-2747
Email: bctoys@oasisins.ca

Broker Change Request Form

Named Insured(s): _____

Address: _____

Policy Number: _____

Current Brokerage Information

Name: _____

Address: _____

New Brokerage Information:

Name: _____

Address: _____

Effective Date: _____

Authorization and Signature

I/We authorize the transfer of the above policy from our current brokerage to the new brokerage as specified above.

Named Insured (Print Name)

Signature

Date (MM/DD/YYYY)

Named Insured (Print Name)

Signature

Date (MM/DD/YYYY)

Send the completed form to bctoys@oasisins.ca