

Producer Name _____

Producer Code(s) _____ (Your 6-digit Great American Producer Code(s))

Producer Address (City, State & Zip Code) _____

Great American Insurance Contact _____

Policy Output Options

Paperless Options - Select the policy output you would like to stop receiving in paper form (please choose only one):

- Both Agent and Insured Copies
- Agent Copy
- Insured Copies

Optional Email Notification - If you would like to receive email notices when policy activity occurs:

Please provide email address to receive notifications: _____

Full name (if applicable): _____

And select the Level (please choose only one):

- Policy Level (to receive separate emails for each Policy)
- Agency Level (to receive separate emails for each Producer Code)

Person giving authorization for Policy Output Changes

Name: _____

Email: _____

Submit Form