

BROKER OF RECORD LETTER

Date: \_\_\_\_\_

To: Carrier/Wholesaler Name

Insured: \_\_\_\_\_

Policy/Account #: \_\_\_\_\_

We hereby appoint the above named brokerage as broker of record effective immediately.

This authorization supersedes and revokes any prior appointments.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_