

LETTER OF BROKERAGE

TO: _____
(NAME OF INSURER)

RE: _____
(POLICY NUMBER (S))

INSURED: _____

Please be advised that _____
(NAME OF INSURED)

of _____ does hereby appoint
(ADDRESS OF INSURED)

_____ as our Broker/Agent of record effective
(NAME OF NEW BROKER/AGENT)

this _____ day of _____ 20____.

This authorization of appointment supersedes all other appointments given or inferred and shall remain in effect until cancelled by either party named herein.

_____ is hereby authorized to obtain any and all
(NAME OF NEW BROKER/AGENT)
information including copies of policies, as may be deemed necessary by them to act in their capacity as our Broker/Agent.

It is understood that this letter prevents _____
(NAME OF PREVIOUS BROKER/AGENT)
from negotiations involving any insurance matters relating to the above policies (except for the collection of outstanding premium).

The signature(s) noted below hereby acknowledges that I/we understand that the effect of this letter is to transfer an existing policy from one broker to another, and that the previous broker will no longer have any benefit of this policy.

Yours truly,

SIGNATURE: _____ DATED: _____

NAME: _____

TITLE: _____