

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Re: Acknowledgment of Broker of Record Change

Policy Number(s): [Enter Policy Numbers]

Dear [Policyholder Name],

We have received your signed authorization dated [Date of Letter] requesting to change the Broker of Record for your insurance policies listed above.

This letter serves as formal acknowledgment that we have updated our records. Effective [Effective Date], the following firm/individual is recognized as your Broker of Record:

New Broker Name: [New Broker/Agency Name]

Address: [Broker Address]

As of the effective date, [New Broker Name] is authorized to represent you in all matters pertaining to your insurance program, including negotiations, policy changes, and receipt of commission payments. Access previously granted to your former broker, [Former Broker Name], has been rescinded.

Please note that this change does not affect your current insurance coverage, premiums, or policy terms. All existing policies remain in full force.

If you have any questions regarding this transition, please contact our customer service department at [Phone Number] or [Email Address].

Sincerely,

[Name of Signatory]

[Title]

[Insurance Company Name]

cc: [New Broker Name]

[Former Broker Name]