

Date: [Current Date]

To: [Insurance Company Name]
Address: [Insurance Company Address]
City, State, Zip: [City, State, Zip]

RE: Broker of Record Notification

Policy Number(s): [List Policy Numbers]

To whom it may concern,

Please be advised that effective [Date], we have appointed [New Agency Name] as our exclusive Broker of Record with respect to the above-referenced insurance policies.

This appointment rescinds all previous authorizations. [New Agency Name] is authorized to negotiate directly with your company regarding all matters pertaining to our insurance program, including coverage changes, renewals, and premium quotations.

This letter also serves as your authorization to furnish [New Agency Name] with all information they may request regarding our current and past insurance policies, including but not limited to: policy forms, experience data, claim histories, and rating schedules.

We request that you waive any customary waiting period to make this appointment effective on the date specified above.

Sincerely,

[Signature]
[Name of Authorized Signer]
[Title]
[Company Name]