

AGENT OF RECORD AUTHORIZATION FORM

NOTE: This letter should be printed or typed on the insured's letterhead.

Date

To: Whom It May Concern
Re: Policy #
Named Insured
Phone Number

To whom it may concern:

Please recognize _____ (agency name) as our exclusive Agent of Record concerning our insurance coverage listed above. The effective date is _____ (policy expiration date).

Please furnish their office with any assistance they may require for our coverage. The contact person, his/her address and telephone number are _____

We reserve the right to rescind this appointment at any time without advance notice to the Agent of Record.

Sincerely,

Insured's Name
Insured's Title