

Agent of Record Authorization Form

Today's Date

To: Whom It May Concern:

Re:

Policy #

Named Insured:

Phone Number:

To whom it may concern:

Please recognize _____ as our exclusive Agent of Recording concerning
(Agency Name)
our insurance coverage listed above. The effective date is immediately.

Please furnish their office with any assistance they may require for our coverage. The contact person, their address and phone number is _____
_____.

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

Sincerely,

Name & Title