

Letter of Brokerage

Insured Details		Insurance Carrier Details	
Name:		Insurance Company:	
Address:		Policy Numbers:	
Email Address:			
Phone Number:			

Please be advised that _____

(Name of Insured)

does hereby appoint _____

(Name of New Broker/Agent)

as our Broker/Agent of record effective 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. _____

(Name of New Broker/Agent)

is hereby authorized to obtain any and all 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 acknowledge 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.

I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this information may include, but is not limited to, my credit information and claims history. I authorize my broker or insurance company to collect, use, and disclose any of this personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and

underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

Name: _____

Signature: _____

Dated: _____

Title: _____