\*\* Named Insured\*\*

Insureds Full Address

(can use Company Letterhead)

Date

**Insurance Company Name**

Re: Broker of Record Change Authorization

Named Insured

Policy Number

Renewal Date

Producer name

Agency Code

Attn: Policy Holder Services

By this letter we are requesting that producer name representing Midwest Insurance Brokerage Services, Inc. 54 W Seegers Rd Arlington Heights, IL 60005 be recognized as our exclusive insurance agent with respect to the above mentioned policy effective as of the next anniversary date of the above policy. The appointment of producer name representing Midwest Insurance Brokerage Services, Inc. 54 W Seegers Rd Arlington Heights, IL 60005 rescinds all previous appointments and the authority contained herein shall remain in full force until cancelled in writing.

This letter also constitutes your authority to furnish to the representatives of producer name representing Midwest Insurance Brokerage Services, Inc. 54 W Seegers Rd Arlington Heights, IL 60005 upon their request any information that we are entitled to obtain from you as a policyholder. You are authorized to so furnish this information to producer name representing Midwest Insurance Brokerage Services, Inc. 54 W Seegers Rd Arlington Heights, IL 60005 any time prior to, or after, said anniversary date.

Sincerely,

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Name, signature and title