

MM/DD/YYYY

Insurance Company Name

Attn:

RE: Insured Name

Policy No:

To Whom it May Concern:

Please be advised that effective \_\_\_\_\_ we have appointed \_\_\_\_\_ & Burns & Wilcox – San Francisco to act as our representative of record and to represent us in all matters pertaining to the above referenced insurance program.

This appointment shall remain in full force and effect until notification in writing to the contrary is received by you. This appointment supercedes all other appointments and all other letters of authorization on record.

We understand and agree that \_\_\_\_\_ & Burns & Wilcox – San Francisco, is not responsible for any inadequacies in the insurance policy (ies) to which this letter applies or for any transactions enacted by any other broker.

Please render Burns & Wilcox any assistance they may request on our behalf, including underwriting and claims information you have for our firm.

Best regards,

Insured's signature required here