



If you would like us to manage your insurance policy, you will need to complete the following document. Please print, complete, and sign the following document. Please mail to our address at 44 Second Street, San Francisco, CA 94105. Thank you.

(YOUR COMPANY LETTERHEAD HERE)

Today's Date: _____

Insurance Company: _____ Policy # _____

AUTHORIZATION FOR CHANGE OF BROKER

We hereby appoint Sweet & Baker Insurance Brokers Inc., 44 Second Street, San Francisco CA 94105, (415) 512-2100 as our exclusive insurance broker/agent of record with regard to the above captioned. This appointment cancels and supersedes any prior appointments or authorizations and remains in force until cancelled by us in writing.

This letter further constitutes your authority to furnish Sweet & Baker Insurance Brokers Inc all information they may request as it may pertain to our insurance. This appointment is to take effect as of the date of this letter.

We recognize and understand that Sweet & Baker Insurance Brokers Inc. will not share responsibilities for any deficiencies in the insurance program to which this letter of authority applies until they have had a reasonable opportunity to review all contracts referenced herein and other relevant data and to make their presentation, coverage summary, and recommendations to us.

Date: _____ Signature : _____

Signed by: _____ Title: _____