

Date:

To:

Named Insured:

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.

**Please waive the 10 day waiting period.**

**We wish to be named as the servicing agent effective immediately.**

Date: \_\_\_\_\_ Authorized by: \_\_\_\_\_

Name:

Title:

Accepted: Sweet & Baker Insurance Brokers Inc.

Date: \_\_\_\_\_ By: \_\_\_\_\_