BROKER/AGENT OF RECORD LETTER FOR FLOOD INSURANCE

Today's Date _____ Policy # _____

Insured Name _____

Please be advised that we wish to name Unique Insurance Service, Inc.

as our exclusive representative effective _____ for our flood policy.

New Agent: Unique Insurance Service, Inc.

Flood Producer Code: 04500-57141-116

If code is not known, please complete the following:

Agent City: _____

Agent State: _____

Agent Phone #: _____

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for our flood policy.

Rescission Period Options	
☒	Please rescind the 10 day waiting period
☐	There will be no rescission letter

Insured Signature _____ Date _____

2nd Insured Signature _____ Date _____

Insured's Title (If applicable) _____ Company Name (If applicable) _____