Broker of Record Authorization Letter

Policyholder name: _____

Policy number:_____

I hereby request a change of Broker of Record for the above-referenced insurance policy. Please appoint the following agent to represent me on all matters relating to this policy, including service, underwriting, policy administration, and correspondence:

New Agency Information:

Agency Name: First Connect - Unique Insurance Service, Inc.

Agent Name: Tiffany Bell

Agency Address: PO Box 750997, Petaluma, CA 94975-0997

Phone Number: 707-773-3601

This authorization supersedes any prior Broker of Record designations for this policy. I authorize the release of all policy information to my newly appointed broker.

Policyholder Signature

X_____

Printed Name: _____

Date: _____

Please submit this form via email to Steadily.