

Brokers Letter of Authorization

Inis will confirm that as of	nce broker with respect to the following policy
(ies).	ince broker with respect to the following policy
Policy:Ori	iginal Broker:
Policy:Ori	ginal Broker:
The appointment of Brokers Trust Insurance G the authority contained herein shall remain in f	Group Inc. rescinds all previous appointments and full force until cancelled in writing
company with respect to changes in existing in increasing, or cancelling insurance carried und understand, however, that they have no response	er temporary binders or cover notes. We asibility for any deficiencies in the insurance bey have had a reasonable opportunity to make a
rates, rating, schedules, surveys, reserves, reter	request as it pertains to our insurance contracts, ntion and all other financial data they may wish to requirements in connection with the insurance
to collect, use and disclose personal information parties, as required, including insurance compa	othorization to Brokers Trust Insurance Group Inc. on and provide such personal information to third anies. Brokers Trust Insurance Group Inc. may formation pursuant to federal privacy laws or other
Yours truly,	
Name (Print):	Name (Print):
Signature:	Signature:
Witness (Print):	Signature:
Date:	

