Blitz Wholesale & Retailers BOR/AOR Letter

Date:

Effective Date:

Insured Legal Name:

Policy Number/Application ID:

Line(s) of Coverage:

Dear Underwriting Team,

This letter authorizes the Retail Broker and their designated wholesale partner to act as *Broker of Record* for the insured for the above-referenced insurance coverage.

This authorization revokes all previous broker appointments on behalf of the insured for these lines of coverage, effective immediately for new business quotes, or as of the policy effective date if applicable to a renewal quote.

You are authorized to release all information, underwriting data, quotations, rating details, and documentation to the newly appointed broker.

Please acknowledge this appointment as of the date of this letter unless your guidelines require a different effective date.

All future correspondence should be direct to the agent listed below.

Sincerely,

Retail Broker Name:

Retail Agency:

Wholesaler or MGA Agency Name:

Broker Name:

Address:

City/State/Zip:

Phone:

Email:

Signature: Date: