

Blitz Retail Agent Only BOR

To: Blitz Insurance Agency

Re: Agent of Record

Insured:

Policy Number/Application ID:

Line of Coverage:

Effective Date:

To Whom It May Concern:

This letter authorizes New Agent/Agency Name, with Agent's First & Last Name, as the Broker of Record for the above-referenced insurance coverage.

This authorization revokes all previous broker appointments for these lines of coverage with Insured's Legal Name effective immediately for new business quotes or effective date of policy, if 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 directed to:

New Agents Name/ Agency

Address, City, State, Zipcode

Phone/Email

Thank you for your prompt attention.

Sincerely,

Printed Name of Authorized Insured Representative