Date: [Current Date]

To: [Insurance Company Name]
Address: [Insurance Company Address]
City, State, Zip: [City, State, Zip]

RE: Broker of Record Change and Prior Policy Cancellation

Policy Number(s): [List Policy Numbers]
Insured Name: [Your Company or Personal Name]

To Whom It May Concern,

This letter serves as formal notification that I/we have appointed **[New Broker/Agency Name]** as our exclusive Broker of Record with respect to the above-referenced insurance policies, effective **[Effective Date]**.

This appointment rescinds all previous authorizations. **[New Broker/Agency Name]** is authorized to negotiate, receive information, and handle all matters related to our insurance program.

Furthermore, please accept this letter as formal notice to cancel any existing policies or binders currently held with **[Old Broker/Agency Name]** effective **[Date of Cancellation]**. We request that any unearned premiums resulting from this cancellation be returned to the insured.

We request that you waive any customary waiting periods regarding the Broker of Record change to allow for an immediate transition.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
Name: [Authorized Representative Name]
Title: [Title/Position]
Company Name: [Company Name]
Tax ID/FEIN: [Optional - Tax ID Number]