[Current Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

RE: Broker of Record Change and Policy Cancellation
Policy Number(s): [Enter Policy Number(s)]
Insured Name: [Your Name or Company Name]

To Whom It May Concern,

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

This appointment rescinds all previous authorizations. **[New Broker Name/Agency]** is authorized to negotiate directly with your company regarding our insurance program and shall receive all commissions, notices, and communications related to these policies moving forward.

Additionally, please use this letter as formal notice to cancel our previous coverage/representation under **[Former Broker/Agency Name]** effective as of **[Effective Date]**.

We request that you waive any customary waiting periods to ensure this change takes effect on the date specified above. Please provide the new broker with any loss runs or policy documentation required for the transition.

Sincerely,

[Authorized Signature]

[Printed Name]
[Title/Position]
[Company Name]
[Phone Number]

cc: [New Broker Name/Agency]
cc: [Former Broker Name/Agency]