Date: [Date]

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

Re: Appointment of Broker of Record and Notice of Cancellation

Policy Number(s): [List Policy Numbers]

Insured Name: [Your Name or Company Name]

To Whom It May Concern,

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

This appointment rescinds all previous authorizations. The new broker is authorized to negotiate directly with your company regarding our insurance program, including coverage changes, renewals, and billing matters.

Furthermore, please take this as formal notice to cancel the existing services and representation provided by our prior broker, **[Old Broker Name/Agency]**, effective **[Date of Cancellation]**.

We request that you waive any customary waiting periods associated with this Broker of Record change so that our new representative may begin servicing the account immediately.

Please acknowledge receipt of this letter and confirm the transfer in writing.

Sincerely,

[Signature]
[Printed Name]
[Title/Position]
[Phone Number]
[Email Address]

Cc:
[New Broker Name]
[Old Broker Name]