[Date]

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

RE: Broker of Record Designation and Policy Cancellation

Policy Number(s): [Insert Policy Numbers]

To Whom It May Concern,

Please be advised that effective [Date], [Company Name] appoints [New Broker Name/Agency] as our exclusive Broker of Record with respect to the insurance policies listed above and all future insurance placements.

This appointment rescinds all previous authorizations. [New Broker Name/Agency] is authorized to negotiate directly with your company regarding our insurance program, including coverage terms, premiums, and renewals.

Furthermore, this letter serves as formal notice to cancel any existing policies currently managed by [Current/Old Broker Name] effective [Cancellation Date].

We request that you provide [New Broker Name/Agency] with all necessary data, loss runs, and policy information required to manage our account. Please grant them a waiting period of [Number] days before finalizing this change, as required by standard industry protocol.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Printed Name]
[Title]
[Company Name]