Current Date: [Date]

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

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

To Whom It May Concern,

This letter serves as formal notification that I have appointed [New Broker Name/Agency] as my exclusive Broker of Record with respect to the above-referenced insurance policy(ies) effective [Date].

This appointment rescinds all previous authorizations. [New Broker Name/Agency] is authorized to negotiate directly with your company regarding all matters pertaining to our insurance program, including policy changes, renewals, and billing inquiries.

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

Please provide [New Broker Name/Agency] with all necessary data, loss runs, and policy documentation required to manage our account. We request that you waive any customary waiting periods regarding this Broker of Record change to allow for immediate representation.

Thank you for your prompt attention to this matter.

Sincerely,

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

CC: [New Broker Name/Agency]