Date: [Insert Date]

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

RE: Notice of Broker of Record Modification and Policy Termination

Policy Number(s): [Insert Policy Number(s)]
Insured Name: [Insert Your Company/Personal Name]

To Whom It May Concern,

Please accept this letter as formal notification that I am appointing [New Broker Name] of [New Brokerage Firm] as my exclusive Broker of Record with respect to the above-referenced insurance policy(ies), effective [Effective Date].

This appointment rescinds all previous authorizations and appointments regarding these policies. [New Broker Name] is authorized to negotiate, receive information, and handle all matters pertaining to our insurance program.

Furthermore, please accept this letter as formal notice to terminate/non-renew the following policy(ies) effective [Termination Date]:

- Policy Type: [e.g., General Liability] - Number: [Insert Number]
- Policy Type: [e.g., Property] - Number: [Insert Number]

We request that you provide the new Broker of Record with all necessary data, loss runs, and policy documents required to facilitate this transition. Any unearned premiums resulting from these cancellations should be returned to the address listed below.

Please acknowledge receipt of this letter and confirm the effective dates of these changes in writing.

Sincerely,

[Signature]
[Printed Name]
[Title]
[Company Name]
[Mailing Address]
[Phone Number]

cc: [Current Broker Name/Agency]