[Date]

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

RE: Broker of Record Appointment and Policy Cancellation

To whom it may concern,

This letter serves as formal notification that [Client/Company Name] has appointed [New Broker/Agency Name] as our exclusive Broker of Record with respect to the following insurance policies:

- **Policy Type:** [e.g., General Liability] / **Policy Number:** [Number]
- **Policy Type:** [e.g., Workers Compensation] / **Policy Number:** [Number]

Effective [Date], please rescind the appointment of [Old Broker/Agency Name] and their authority to represent our interests regarding these policies. This appointment remains in effect until further notice and supersedes any previous appointments.

Furthermore, please accept this letter as our formal request to cancel any pending renewals or automatic extensions previously authorized by the prior broker. [New Broker/Agency Name] is now authorized to negotiate, receive commissions, and handle all service matters on our behalf.

We request that you waive any customary waiting periods to make this appointment effective immediately.

Sincerely,

[Signature]
[Print Name]
[Title]
[Company Name]
[Tax ID/FEIN]