Date: [Date]

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

Re: Broker of Record Change and Appointment

Policy Number(s): [List Policy Numbers]
Insured Name: [Your Company Name]

To Whom It May Concern,

This letter serves as formal notification that **[Your Company Name]** has appointed **[New Broker Name/Agency]** as our exclusive Broker of Record with respect to the above-referenced insurance policies and all future insurance placements, effective **[Effective Date]**.

This appointment rescinds all previous authorizations. Please terminate the authority of **[Old Broker Name/Agency]** to act as our representative regarding these policies. This change applies to all negotiations, policy servicing, and the receipt of any commissions or fees associated with our account.

We request that you provide **[New Broker Name/Agency]** with full access to our policy files, loss runs, and any other pertinent underwriting information required to manage our insurance program.

We further request a waiver of any customary waiting period to make this broker change effective immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Print Name]
[Title]
[Company Name]

cc: [New Broker Name]
cc: [Old Broker Name]