Date: [Insert Date]

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

Subject: Letter of Authorization for Broker of Record Change and Policy Cancellation

Policy Number(s): [Insert Policy Number(s)]

To Whom It May Concern,

Please accept this letter 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 **[Effective Date]**.

This appointment rescinds all previous authorizations. **[New Broker Name/Agency]** is authorized to negotiate, receive information, and handle all matters pertaining to our insurance program.

Furthermore, please use this letter as formal authorization to cancel the following policy(ies) currently held with **[Current/Old Broker Name]**, effective **[Cancellation Date]**:

- Policy Number: [Insert Number]
- Policy Number: [Insert Number]

Please waive any applicable waiting periods to allow this Broker of Record change to take effect on the date requested. We request that you forward all future correspondence, premium notices, and renewal information to our new broker at the address below:

New Broker Contact Information:
[New Broker Name/Agency]
[Agent Name]
[Address]
[Phone Number]
[Email Address]

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Print Name]
[Title/Position]
[Company Name]
[Tax ID/EIN Number]