[Current Date]

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

RE: Broker of Record Letter and Cancellation of Previous Coverage

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 all insurance lines and policies currently held with [Insurance Company Name].

Effective [Date], this appointment rescinds and replaces any previous broker designations. [New Broker Name/Agency] is authorized to negotiate, manage, and handle all matters related to our insurance program, including access to all underwriting information, loss runs, and policy documentation.

Furthermore, please accept this letter as our formal request to cancel any existing coverage or services associated with our previous broker, [Former Broker Name/Agency], effective [Date]. We request that any future correspondence, billings, and commission payments be directed to our new representative at:

[New Broker Address]
[New Broker Phone Number]
[New Broker Email]

Please acknowledge receipt of this letter and confirm when the transition is complete. We appreciate your prompt attention to this matter.

Sincerely,

[Signature]

[Name of Executive]
[Title]
[Your Company Name]