[Date]

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

**RE: Broker of Record Direction and Prior Policy Revocation**

To Whom It May Concern,

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

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

Effective [Effective Date], this appointment rescinds and revokes any prior authorizations or Broker of Record designations previously granted to [Previous Broker Name/Agency] or any other firm. [New Broker Name/Agency] is fully authorized to negotiate, discuss, and manage all aspects of our insurance program, including access to all underwriting information, loss runs, and policy documents.

This authorization shall remain in effect until further written notice. We request that you waive any customary waiting periods to expedite this transition.

Please direct all future correspondence, billings, and renewal information to:

[New Broker Name]
[New Broker Address]
[New Broker Phone/Email]

Sincerely,

[Signature]
[Printed Name]
[Title/Position]
[Company Name]
[Tax ID/FEIN]