[Company Letterhead]

[Current Date]

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

RE: Broker of Record Substitution and Prior Policy Cancellation

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 following insurance policies:

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

This appointment is effective as of [Effective Date] and rescinds all previous authorizations. [New Broker Name/Agency] is fully authorized to negotiate, request changes, and receive all data and correspondence related to our insurance program.

Furthermore, please accept this letter as our formal request to cancel any overlapping coverage or binders previously placed by [Old Broker Name/Agency] effective [Cancellation Date]. We request that any unearned premiums resulting from such cancellations be credited to our account or returned to [Your Company Name].

We request that you waive any customary waiting period to make this appointment effective immediately. Please acknowledge receipt of this letter and confirm the transition to [New Broker Contact Email/Phone].

Sincerely,

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

cc: [New Broker Name]