

[Date]

[Principal Producer Name]

[Agency Name]

[Address Line 1]

[City, State, Zip Code]

**Subject: Approval of Appointment as Agency Principal Producer**

Dear [Principal Producer Name],

We are pleased to inform you that your application for appointment as the Principal Producer for [Agency Name] has been formally approved by [Insurance Company Name], effective [Effective Date].

As the designated Principal Producer, you are authorized to represent our company and oversee the production of insurance business in accordance with the terms and conditions outlined in our Producer Agreement. Your National Producer Number (NPN) [NPN Number] has been successfully linked to our corporate records.

Your appointment grants you access to our online portals, underwriting tools, and marketing resources. Please ensure that all licensing and continuing education requirements remain current to maintain this active status.

We look forward to a successful and productive partnership with you and your agency. If you have any questions regarding your appointment or require assistance with our systems, please contact your Agency Sales Manager or our Licensing Department at [Phone Number].

Sincerely,

[Signature]

[Sender Name]

[Title]

[Insurance Company Name]