

[Date]

[Recipient Name]

[Title]

[Department]

[Insurance Company Name]

[Street Address]

[City, State, Zip Code]

Subject: Notice of Compliance for Corporate Producer Appointment - [Agency Name]

Dear [Recipient Name],

This letter serves to formally confirm that [Agency Name] is in full compliance with the regulatory requirements necessary for appointment as a corporate producer for [Insurance Company Name] in the state(s) of [List States].

To satisfy our compliance obligations, we have attached the following documentation for your records:

- Copy of Corporate Business Entity Insurance License (NPN: [Number])
- Proof of current Errors and Omissions (E&O) Insurance Coverage
- Articles of Incorporation / Business Formation Documents
- List of Designated Responsible Licensed Producers (DRLP)

We certify that all licensed individuals acting on behalf of this agency are properly qualified and that the agency maintains good standing with the Department of Insurance. Please proceed with the formal appointment process in your producer management system.

Should you require additional information or background checks for our principals, please contact our compliance officer, [Name], at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Typed Name]

[Title/Position]

[Agency Name]