****Please transfer this letter to the Insured's letterhead.****

Insured's Name
Address
City, State, Postal Code

Current Date

Insurance Company Name
Insurance Company Address
City, State, Postal Code

Re: Named Insured
Policy Number(s)
Policy Effective Date(s)
Line(s) of Business

AGENT OF RECORD AUTHORITZATION

To Whom It May Concern,

Effective immediately, I hereby appoint CAA Insurance Services as our exclusive Agent of Record for the above referenced polic(ies). This appointment rescinds and supersedes all previous appointments, and the authority herein shall remain in force until cancelled in writing.

This letter also constitutes your authority to furnish to CAA Insurance Services any and all information they may request as it pertains to any prior insurance contracts, rates, rating schedules, surveys, reserves, retention and loss history in connection with the insurance program to which this letter applies. Additionally, I request that you do not communicate such information to any other agency, broker, or insurance company.

Thank you for your assistance.

Sincerely,

_____
Printed Name

_____
Insured's Title

_____
Date

CAAIS Agency Code: _____