

BROKER OF RECORD LETTER

Date

Company
Street Address
City, State Zip Code

Re: **Named Insured:**
 Insurer:
 Policy Type:
 Policy Number:
 Policy Term:

TO WHOM IT MAY CONCERN:

This letter will confirm that of today's date, we have appointed MOUNTAIN VIEW INSURANCE SERVICES and MONARCH-KNEIS INSURANCE SERVICES, LLC as our exclusive insurance broker with respect to all property/casualty, workers compensation, crime, Directors & Officers, and Employment Practices policies, the marketing of renewals and any new lines of business.

This appointment rescinds all previous appointments and the authority contained herein shall remain in effect until canceled in writing.

Please waive the customary ten-day waiting period, as this Broker of Record Letter will NOT be rescinded.

MOUNTAIN VIEW INSURANCE SERVICES and MONARCH-KNEIS INSURANCE SERVICES, LLC has no responsibility for losses arising out of uninsured or improperly insured areas of coverage for a period of time sufficient for them to make a review and recommendations concerning our present program, and implement the placement of any new coverage or changes we may authorize.

Please provide MOUNTAIN VIEW INSURANCE SERVICES and MONARCH-KNEIS INSURANCE SERVICES, LLC with all information they may request concerning our insurance including, but not limited to, contracts, rating schedules, surveys, experience history, loss runs and financial information.

Sincerely,

Authorized Signer
Title
Company
Phone