

To:

## BROKER OF RECORD AUTHORIZATION

Please be advised that we hereby appoint **H2 Insurance Services, Inc.** as the Broker of Record for all insurance matters concerning:

**Policy Number:**

**Effective:**

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the stated lines of business.

Please rescind the 10 day waiting period.

There will be no rescission letter.

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Sign

Date

Title

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