

Copy onto your Company Letterhead

(Date)

Name of Carrier
Contact Name
Carrier Address

RE: Broker of Record Letter

To Whom It May Concern:

This confirms that as of _____, we have appointed Accuchex Insurance Services, LLC as our exclusive insurance broker with respect to our insurance programs with your company. The appointment of Accuchex Insurance Services, LLC rescinds all previous appointments, and the authority contained herein shall remain in full force until cancelled in writing.

Any deficiencies, errors or omissions created or caused by previous Insurance brokers or representatives shall not be the responsibility of Accuchex Insurance Services, LLC and we relieve them from such liability in making this appointment.

This letter also constitutes your authority to furnish the representatives at Accuchex Insurance Services, LLC with all information they may request as it pertains to your coverages, ie plan documents, investments, recordkeeping reports, and all other financial data they may wish to obtain for their study of our present and future requirements in connection with the qualified corporate insurance program(s) to which this letter applies. We request that you do not communicate such information to anyone else.

Sincerely,

Authorized Signature/Plan Trustee
Title of Officer
Name of Company

Cc: