

***Please copy to your letterhead***

**To:** (Insurance Company Full Name)

**Policy #:** (Policy number)

**Policy Type:** (Line of Coverage)

**Policy Term:** (00/00/0000 – 00/00/0000)

**Date:** \_\_\_\_\_

To Whom It May Concern:

Please accept this statement as authorization for **CSIS Insurance Services, Inc.** to be appointed as our exclusive agent / broker of record for the above listed policy. Effective 00/00/0000, please recognize **CSIS Insurance Services, Inc.** as agent/broker of record for the above listed policy(s).

This authorization also allows for **CSIS Insurance Services, Inc.** to obtain any and all prior insurance information, all loss/claims history, and audit explanations. We further request to waive any and all waiting periods to expedite processing of this change.

If you should have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

\_\_\_\_\_  
Authorized Signature (owner or officer)

\_\_\_\_\_  
Print Name / Title