

Broker of Record Letter
(On Insured's letterhead)

[Date]

[Insurance Company name]

RE: **[Named Insured]**
[Policy number/Policy Period]

Dear Underwriter,

Please appoint the **[your retail agency name]** and **PMC Insurance Group** to represent **[insurance company name]** as my Retail Broker of Record and Wholesaler Broker of Record, for Workers' Compensation Insurance coverage for the above-captioned policy.

Please waive the five day rescinder period and make this change effective immediately.

Should you have any additional questions, please do not hesitate to call me.

Sincerely,

[Name of the company owner]