

Agent of Record Authorization Form

Today's Date: _____

To: Whom It May Concern

Re: Agent of Record

Policy #: _____

To whom it may concern:

Please recognize Higger and Associates, LLC as our exclusive Agent of Record concerning our insurance coverage listed above. Please furnish their office with any assistance they may require to provide us with insurance rates, quotes, and any coverages that we may need. Their address is 16 East 40th, 6th Floor New York, NY 10016.

This appointment pertains only to the insurance companies listed above and shall remain in full and effective until cancelled by us in writing.

Sincerely,

Corporate Officer