

BROKER/AGENT OF RECORD LETTER FOR FLOOD INSURANCE

Today's Date _____ Policy # _____

Insured Name _____

Please be advised that we wish to name _____
as our exclusive representative effective _____ for our flood policy.

New Agent: _____

Flood Producer Code: _____

If code is not known, please complete the following:

Agent City: _____

Agent State: _____

Agent Phone #: _____

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for our flood policy.

Rescission Period Options

<input type="checkbox"/>	Please rescind the 10 day waiting period
<input type="checkbox"/>	There will be no rescission letter

Insured Signature _____ Date _____

2nd Insured Signature _____ Date _____

Insured's Title
(If applicable) _____

Company Name
(If applicable) _____

Mail/Fax/Email to: Flood Insurance Processing Center

Agency Services Department
PO Box 2057
Kalispell, MT 59903-2057

Phone: 866.796.7582
Fax: 866.528.3208

Email: agency.services@floodpro.net