

SAMPLE BOR LETTER

(Moving business from another Agent/Broker to your Agency)

(Name of insured—individual(s) or company—and address)

John Smith or ABC COMPANY
1234 Main Street
Anytown, CA 95000

<Date>

TO: Insurance Carrier

Re: (Name of Insured – Person or Company)

Policy Number: #

Effective Date: 00/00/00

Renewal Date: 00/00/00

To Whom It May Concern:

I hereby appoint (Your Agency Name) and Agents Resources, Inc., dba WIAA Insurance Services located at 11190 Sun Center Dr, Ste. 100 Rancho Cordova, CA 95670 as Agent/Broker of Record, to be our exclusive representative on matters pertaining to our Insurance Coverage & Policy.

This authorization shall be effective 00/00/00 and continue until superseded or revoked by the undersigned.

Sincerely,

(Insured)

Signature of Insured

Date

SAMPLE BOR LETTER

(place on your agency letterhead)
(include agency license #)

MASTER BROKER OF RECORD AUTHORIZATION

DATE:

TO:

FROM:

REGARDING: Release of <Carrier name> Policies

To Whom it May Concern:

I hereby appoint WIAA Insurance Services as my wholesale broker of record upon policy expiration of the attached list of accounts and request _____ release all of our existing <carrier name> policies to Agents Resources, Inc., d/b/a/ WIAA Insurance Services. Attached is a list of all of the <carrier name> policies written through _____ that would apply to this request.

Effective ____ (date) _____ please transfer the attached policies to Agents Resources, Inc., dba WIAA Insurance Services.

This is to certify that the accounts noted on the attached list are the sole property of _____ (agency name) _____. They are being transferred to WIAA Insurance Services with the full consent of _____ (releasing agency) _____.

Signature of Agency Principal

Date: _____

Agency

RELEASING AGENCY:

Signature

Date: _____

Agency

ACCEPTED BY:

Jodi Wimmer, Sr. VP, Operations
WIAA Insurance Services



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C. No. Ext):	INSURANCE COMPANY NAME
	FAX (A/C. No.):	
E-MAIL ADDRESS:		
CODE:	SUBCODE:	
AGENCY CUSTOMER ID:		

POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS

Please be advised that we wish to name _____
PRODUCER
 _____ as our exclusive representative effective _____
CODE # DATE
 for the lines of business shown above, currently in force or submitted
 by application.

This authorization replaces any other authorization that may have been
 previously completed for any other insurance representative for the
 stated lines of business.

_____	_____
INSURED'S SIGNATURE	DATE

TITLE (IF APPLICABLE)	

COMPANY NAME (IF APPLICABLE)	