

[Copy or print on your letterhead]

Date

Grinspec Insurance Agency, Inc.
219 South St.
New Providence, NJ 07974

Re: Your Company Name & Policy #(s)

To Whom It May Concern:

This confirms that I have appointed the Grinspec Insurance Agency, Inc. as our Insurance Broker with respect to the above insurance. The appointment of the Grinspec Insurance Agency is effective immediately and rescinds all previous appointments and the authority contained herein shall remain in full force until canceled in writing.

The Grinspec Insurance Agency is hereby authorized to negotiate directly with any interested company with respect to negotiating for coverage as applied.

Thank you.

Sincerely,