

**Broker of Record Letter**

Date

Re: Policy#:

Company:

Policy Term:

Effective Date:

Insured:

To Whom It May Concern:

We have appointed DiBuduo & DeFendis Insurance as our exclusive insurance agent/broker effective . The appointment of DiBuduo & DeFendis rescinds all previous appointments and the authority contained herein shall remain in force until cancelled. This letter authorizes you to furnish DiBuduo & DeFendis all information it may request as it pertains to our insurance.

DiBuduo & DeFendis is hereby authorized to negotiate directly with you regarding changes in existing insurance policies, temporary binders and cover notes. We understand, however, that DiBuduo & DeFendis is not responsible for any errors or deficiencies in our existing insurance program.

Very Truly Yours,

\_\_\_\_\_  
Clients Signature

\_\_\_\_\_  
Title