

BOR/AOR

PLEASE TRANSFER TO INSURED LETTERHEAD

DEAR AGENT:

WHEN USING OUR SUGGESTED BROKER/AGENT OF RECORD LETTER, PLEASE KEEP AS WRITTEN EXCEPT WHERE BLANKS NEED TO BE COMPLETED.

To: _____
(NAME OF INSURANCE COMPANY)

_____ BROKER/AGENT NAME

_____ ADDRESS

PBS INSURANCE UNDERWRITING CORPORATION
303 MIDDLETOWN PARK PLACE SUITE F
LOUISVILLE, KY 40243

RE: BROKER/AGENT OF RECORD LETTER

THIS LETTER WILL SERVE TO NOTIFY ALL CONCERNED THAT I/WE APPOINT _____ AND PBS INSURANCE UNDERWRITING CORPORATION AS OUR EXCLUSIVE BROKER/AGENT OF RECORD WITH RESPECT TO MY PROFESSIONAL LIABILITY INSURANCE COVERAGE. _____ AND PBS INSURANCE UNDERWRITING CORP. ARE HEREBY AUTHORIZED TO NEGOTIATE DIRECTLY WITH ANY INSURER REGARDING MY CURRENT, PAST AND FUTURE COVERAGE. IT IS UNDERSTOOD THAT MY BROKER/AGENT MAY USE A THIRD PARTY (BROKER/WHOLESALE) TO OBTAIN QUOTES. THIS SERVES AS AUTHORIZATION TO RELEASE ANY INFORMATION ON FILE THAT MAY BE REQUESTED, INCLUDING LOSS INFORMATION TO PBS INSURANCE UNDERWRITING CORP. AND/OR THE PARTY PRESENTING THIS LETTER.

IT IS FURTHER AGREED THAT I/WE THE UNDERSIGNED HOLD HARMLESS _____ AND PBS INSURANCE UNDERWRITING CORPORATION FOR MY PAST AGENT(S) PLACEMENT OF COVERAGE(S) FOR CONTENT ASSUMED OR REAL THAT MY POLICY MAY OR MAY NOT COVER AS RELAYED BY MY PAST AGENT(S).

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME DIRECTLY

SINCERELY,

_____ Title
Print Name

_____ Date
Signature