**[Company Letterhead]**

**[DATE]**

Beam

RE:  Broker of Record Authorization

[**Group Name**]

Policy **#[Policy Number]**

Effective **[Effective Date]**, please recognize **[Broker Name]** of **[Brokerage Name]** as the Broker of Record with respect to all insurance matters pertaining to the above referenced policy number.

This designation supersedes all authority previously granted and shall not be rescinded unless in writing.

If you have any questions, please contact **[Broker Name]** at **[Broker Phone Number]** or **[Broker Email]**.

Sincerely,

**[Group Representative Name, Title, & Signature]**