

Authorization Letter for Compliance Verification

Date: _____

To Whom It May Concern,

We, **[Your Company Name]**, hereby authorize **[Broker's Name]** of **[Broker's Company]** to act on our behalf for the purpose of compliance verification pertaining to our insurance policies.

This authorization includes the right to access all necessary documents and information required to complete the compliance verification process.

This authorization is valid from **[Start Date]** until **[End Date]**, unless revoked in writing prior to the expiration date.

Authorized By:

[Your Name]
[Your Title]
[Your Company Name]
[Your Contact Information]

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]