

Insurance Broker Authorization for Coverage Modifications

Date: _____

To Whom It May Concern,

I, **[Your Name]**, the undersigned, hereby authorize **[Broker's Name]** of **[Broker's Company]** to act on my behalf regarding modifications to my insurance coverage. This authorization includes, but is not limited to, the ability to make changes, update information, and provide necessary documentation concerning my insurance policies.

Policy Number: **[Your Policy Number]**

Effective Date of Authorization: **[Effective Date]**

I understand that I hold the right to revoke this authorization at any time by providing written notice to **[Broker's Company]**.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]