

Insurance Broker Authorization Letter

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], the undersigned, hereby authorize [Broker's Name] of [Brokerage Firm's Name] to act on my behalf in matters related to my insurance policies listed below:

- Policy Number: [Policy Number 1] - Insurer: [Insurer Name 1]
- Policy Number: [Policy Number 2] - Insurer: [Insurer Name 2]
- Policy Number: [Policy Number 3] - Insurer: [Insurer Name 3]

This authorization includes, but is not limited to, managing, reviewing, and making inquiries about these policies as necessary. This authorization is valid until revoked in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]