

Authorization for Risk Assessment Consultation

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], the undersigned, hereby authorize [Insurance Broker's Name] to act on my behalf in all matters related to the risk assessment of my insurance needs.

This authorization includes the right to consult with insurance companies, assess risks, gather relevant information, and submit necessary documentation on my behalf.

Please extend full cooperation to [Insurance Broker's Name] in this regard.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email Address]