

To Whom It May Concern:

This letter will confirm that as of \_\_\_\_\_, we have appointed the C. DON FILER AGENCY, INC. as our exclusive broker of record with respects to all our insurance matters. The appointment of C. DON FILER AGENCY, INC. as our insurance broker rescinds all previous appointments and the authority contained herein, shall remain in effect until cancelled, in writing.

The C. DON FILER AGENCY, INC. is authorized to negotiate with any company or companies on our behalf as respects to all changes in our existing insurance. We understand, however, that the C. DON FILER AGENCY, INC. has no responsibility for any deficiencies in the existing insurance program.

Please provide the C. DON FILER AGENCY, INC. with all information they request concerning our insurance, including, but not limited to, applications, contracts, rating schedules, surveys, experience and financial information.

Insured:                      Date: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Policy#

C. DON FILER AGENCY, INC.      Agent Code: \_\_\_\_\_