

Add Your Company Logo Here
or Your Name and Address.

Agent of Record

Insurance Company: _____

Date: _____

Name of Insured: _____

Policy Number(s): _____

To Whom It May Concern:

Effective immediately, please recognize Fuller Insurance Agency as the agent/broker of record for all matters pertaining to the above mentioned policy or policies with your company. This appointment is effective immediately and will remain in full force and effect until you are notified in writing to the contrary.

If you have any questions regarding this authorization, please do not hesitate to contact me.

Thank you for your cooperation and assistance in this matter.

Sincerely,

Signature: _____

Print Name: _____

Please mail, fax or email this form to:

Fuller Insurance Agency

5839 Pine Avenue. Chino Hills, CA 91709

Tel: (800) 640-4238 / Fax: (909) 606-2420

Email: contact@fullerins.com

CA Lic. 0802666