

# Agent of Record Letter

Date \_\_\_\_\_

Re: Name Insured \_\_\_\_\_

Type of Policy \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Dear Policyholder Service Department:

Effective \_\_\_\_\_ I appoint **Robert J Russell, LUTCF & Russell Insurance Agency, Inc.** as my exclusive agent of record for the captioned policy(ies) and permission is granted to develop all insurance information for our insurance account. This appointment rescinds all previous appointments and the authority granted will remain in force until cancelled in writing.

**Russell Insurance Agency, Inc.** is authorized to negotiate with any insurance company pertaining to the captioned policy(ies) and shall not be responsible for any return commissions, uncollected premiums, audits or other financial arrangements nor for any current coverage deficiencies in the captioned policy(ies).

This letter also authorizes any underwriter to furnish **Russell Insurance Agency & it's** company's representatives with any information pertaining to insurance contracts, rates, schedules, surveys, reserves, losses, retention or financial data relevant to the captioned policy(ies).

You also acknowledge and agree that we are not responsible for the actions and decisions of the previous agency, agent or it's employees regarding the captioned policy(ies).

We acknowledge and agree that **Russell Insurance Agency, Inc.** makes no representation as to the availability of insurance coverage or the reasonableness of it's terms.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title, if applicable)