

Broker of Record Letter

To: Whom it may concern

Attention: Policy Services

Company: _____

Policy Name: _____

Policy Number: _____

I'm requesting the following broker(s) be listed on the above account.

Broker/Producer

Mr. Michael A. Mendonca, FLMI

Mendonca Insurance Services

12672 Morgan Ln.

Garden Grove, CA 92840

949.954.4445

TaxID: _____

This change is to take place effective: / / or Date of Policy.

A Photostat copy of this authorization shall be considered as effective and valid as the original.

Policy Owner's Name (Printed)

Policy Owner's Name (Signature)

Date

Michael A. Mendonca

Broker's Name (Printed)

Brokers's signature

Date