AGENT OF RECORD LETTER

YOUR NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Date: _____

Insurance Company: _____

Dear (Insurance Company) _____:

I have appointed the following agency as my Agent of Record:

U.P. Insurance Agency, Inc.
400 U.S. 41 East, Suite 104
Negaunee, MI 49866
(906) 475-5400

This letter gives the above agency exclusive rights to the use of (Insurance Company)

_____ products and services on my behalf.

This letter also replaces any and all previous Agent of Record letters, an terminates the rights of any other (Insurance Company) _____ agent to service my insurance needs.

Sincerely,

(Your Signature): _____

(Your Name): _____