

BROKER OF RECORD LETTER

Policy/	Quote Number:			
Proper	ty Insured:			
Policy	Period:			
Gentle	men;			
Please	be advised that effective (date),	I/we have appointed:		
rogard	to insurance for the risk mentioned above.	(agency/broker name) as the agent and	d broker with	
regaru	to insurance for the risk mentioned above.			
Please	select one:			
	I hereby request that ACE <u>waive</u> their cust Agent/Broker to produce a superceding (counted)			
	I hereby request that ACE <u>maintain</u> their customary 10 day courtesy period which allows the original Agent/Broker to produce a superceding (countermanding) broker of record letter.			
Sincere	ely;			
(Name		<u> </u>		
(Title)		&		
(Street	Address)			
(Street	Address)			
(City/State/Zip)				
(Signat	ture)			
Agenc	y/Broker Information:			
Addres	ss:			
	ss (continued):			
Contact Person:				
Phone Number:		Fax Number:		
∧∩E D	roducer Code:			

MA-26116 (12/08) Page 1 of 1