

NAMED INSURED:
ADDRESS:

RE: **BROKER OF RECORD**
POLICY#:
CARRIER:
EFFECTIVE DATE:

I/We hereby appoint Bichlmeier Insurance Services, Inc. as my/our exclusive representative for all policies listed above. This authorization supersedes and rescinds all previous appointments and changes your agent and/or broker of record to:

BICHLMEIER INSURANCE SERVICES, INC.
730 S PACIFIC COAST HWY STE 201
REDONDO BEACH, CA 90277

Bichlmeier Insurance Services, Inc. is authorized to act in my name for my benefit and on my behalf regarding the above listed insurance with authority to do the following:

1. OBTAIN INFORMATION AND/OR DOCUMENTS,
2. ARRANGE FOR, RENEW, CHANGE, AND/OR CANCEL ANY INSURANCE POLICY, BOND, OR SIMILAR INSTRUMENT WITH ANY INSURANCE CARRIER, SURETY, AND/OR THEIR AUTHORIZED AGENTS AND/OR BROKERS.

I/We understand we have an obligation to inform Bichlmeier Insurance Services, Inc. in writing regarding any change resulting in a substantial increase in hazard to the above subject of insurance. Further we agree to hold Bichlmeier Insurance Services, Inc. harmless for any acts or omissions of prior agents and/or brokers of record. This change is effective as indicated above and shall continue until superseded or revoked by the undersigned.

SIGNATURE _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____