Amity Insurance & Financial Services, LLC

Agent of Record

Orange, Connecticut

Insurance Company:	Date:
Name of Insured:	
Policy Number(s):	
To Whom it May Concern:	
Effective immediately, please recognize Amity Insurance & Financial Services, LLC as the agent/broker of record for all matters pertaining to the above mentioned policy or policies with your company. This appointment is effective immediately and will remain in full force and effect until you are notified in writing to the contrary.	
If you have any questions regarding this authoriz	zation, please do not hesitate to contact me.
Гhank you for your cooperation and assistance i	n this matter.
Sincerely,	
Signature:	
Print name:	
Please mail, fax, or email this form to:	
Amity Insurance & Financial Services, LLC 35 Old Tavern Road / P.O. Box 952 Orange, CT 06477	
Fay: 203-389-1999	

Email: info@amityabc.com