

Date: _____

Insurance Carrier:

RE: Professional Liability
Policy # _____

This letter serves as written confirmation that, effective immediately, we have appointed CMS Insurance Agency as our exclusive broker of record with respect to the placement and servicing of our professional liability program. The appointment of CMS Insurance Agency rescinds all previous appointments and the authority contained herein shall remain in force until cancelled in writing.

This letter also constitutes your authority to furnish CMS Insurance Agency with all information they may request as it pertains to our insurance program.

Sincerely,

Signature

Printed Name

~Please copy this page onto your practice's letterhead or include your practice name and primary address information at the top of this page ~