**Park City Insurance Group, LLC** **Agent of Record**
Bridgeport, Connecticut

Insurance Company: _____ Date: _____

Name of Insured: _____

Policy Number(s): _____

To Whom it May Concern:

Effective immediately, please recognize Park City Insurance Group, 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 authorization, please do not hesitate to contact me.

Thank you for your cooperation and assistance in this matter.

Sincerely,

Signature: _____

Print name: _____

Please mail, fax, or email this form to:

Park City Insurance Group, LLC
3342 Main St
Bridgeport, CT 06606

Fax: 203-373-9384

Email: john@parkcityinsurancegroup.com