

Central Insurance Group, LLC

Salem, Oregon

Agent of Record

Insurance Company: _____

Date: _____

Name of Insured: _____

Policy Number(s): _____

To Whom it May Concern:

Effective immediately, please recognize Central 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:

Central Insurance Group, LLC
4680 Commercial Street SE
Salem, Oregon 97302

Fax: 503-587-7811

Email: info@saleminsagency.com