

**DALENA / BENIK & ASSOCIATES
INSURANCE SERVICES, INC.**

License #0253862
6740 N West Ave #108, Fresno, Ca 93711 - 559-448-9580, FAX 559-448-9579

BROKER OF RECORD LETTER

Date: _____

RE: Policy # _____

Company _____

Policy Term _____

Effective Date _____

Name of Insured _____

To Whom It May Concern:

We have appointed Dalena/Benik & Associates as our exclusive insurance agent/broker effective _____. The appointment of Dalena/Benik & Associates rescinds all previous appointments and the authority contained herein shall remain in force until cancelled. This letter authorizes you to furnish Dalena/Benik & Associates all information it may request as it pertains to our insurance.

Dalena/Benik & Associates is hereby authorized to negotiate directly with you regarding changes in existing insurance policies, temporary binders and cover notes. We understand, however, that Dalena/Benik & Associates is not responsible for any errors or deficiencies in our existing insurance program.

Very truly yours,

Client – Printed Name

Client – Signature

Date

Client – Printed Name

Client – Signature

Date