

# The Insurance Exchange LTD

Oak Forest, Illinois

Agent of Record

Insurance Company: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

To Whom it May Concern:

Effective immediately, please recognize The Insurance Exchange LTD 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:

The Insurance Exchange LTD  
14930 S. Cicero Ave  
Oak Forest, Illinois 60452

Fax: 708-535-3721

Email: [insuranceexchange@insxchg.com](mailto:insuranceexchange@insxchg.com)