



LETTER OF AUTHORIZATION

The undersigned will be pleased if you _____ will accept this memorandum as your authorization to appoint Fair Insurance Brokers Ltd. as of

My policy (ies) is (are) :

POLICY NUMBER NAME OF INSURANCE COMPANY RENEWAL DATE

1. _____
2. _____
3. _____

The appointment of Fair Insurance Brokers Ltd., rescinds all previous appointments and the authority contained herein shall remain in full force until canceled in writing.

Fair Insurance Brokers Ltd. is hereby authorized to negotiate directly with any interested insurer in respect to changes in the policies named above, in closing, changing, increasing or canceling insurance carried under temporary binder or cover notes. I understand, for any deficiencies in the Insurance Program to which this letter applies until they have had a reasonable opportunity to make a review and to provide me with their recommendations.

This authorization allow you to furnish Fair Insurance Brokers Ltd. representatives with all information they may request as it pertains to policies named above for their study of my present and future requirements in connection with insurance policies to which this authorization applies.

NAME AND MAILING ADDRESS OR PRESENT BROKER

INSURED'S NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____ BUSINESS TELEPHONE _____

SIGNATURE: _____ DATE: _____

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Take Care! We Care.