[Letterhead of Employer]

 [Date]

 TO:      [Name of Insurance Carrier]

 TO WHOM IT MAY CONCERN:

This letter will confirm that effective [effective date], we have appointed Avalon Pacific Insurance and  [Name of Retail Broker], (our retail broker), as our exclusive insurance brokers with respect to our workers’ compensation insurance. This appointment rescinds all previous appointments and the authority contained herein shall remain in full force until cancelled in writing.  If insurance company has a waiting period before accepting this appointment, we hereby waive such waiting period and request that our appointment become effective immediately.

I have the authority to make this decision for my organization.

If you have any questions, you can reach me at [Employer’s phone number].

 Sincerely,

[Employer’s Name]

By:

             Name (Print)

            Name (Signature)

Title:

Date: