

Andrews & Van Lohn Insurance
10734 White Oak Avenue
Granada Hills, California 91344

Agent of Record

(818) 360-3410 Fax (818) 366-7550
avl@avlinsurance.com

Insurance Company: _____ Date: _____

Name of Insured: _____

Policy Number(s): _____

Effective Date: _____

To Whom it May Concern:

Effective above, please recognize Andrews & Van Lohn Insurance as the agent/broker of record for all matters pertaining to the above mentioned policy or policies with your company. This appointment will remain in full force and effect until you are notified in writing to the contrary.

Hold Harmless Clause: I agree to hold Andrews & Van Lohn Insurance as my new agent/broker harmless for any errors or omissions on the part of my former agent/broker.

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 Andrews & Van Lohn Insurance.