

Name: _____ Policy Number: _____

FORWARD THIS FORM TO: (name of the person you are sending this form to) _____

LETTER OF AUTHORIZATION

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

My policy (ies) is (are):

POLICY NUMBER	INSURANCE COMPANY	RENEWAL DATE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

Buckley 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 cancelling 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 allows you to furnish Buckley 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 OF PRESENT BROKER

INSURED'S NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____

BUSINESS TELEPHONE: _____

SIGNATURE: _____ Date: _____