

<Company Letterhead Here>

AGENT OF RECORD LETTER

To Whom It May Concern:

This is to advise that as of _____, Strive Insurance Group, Inc is appointed Agent of Record with respects to our _____ insurance. This appointment rescinds all previous appointments and the authority contained herein shall remain in force until canceled in writing by us.

Strive Insurance Group, Inc is hereby authorized to negotiate with any insurance company as respects changes in the above referenced coverages. Strive Insurance Group, Inc shall not be responsible for any return commissions, uncollected premiums, audits or other financial arrangements, nor for any deficiencies in the current insurance coverages to which this letter may apply.

This letter also constitutes the authority of any underwriter to furnish Strive Insurance Group, Inc representatives with any information pertaining to any and all insurance contracts, rates, schedules, survey, reserves, losses, retention, or other financial data they may require as respects our insurance.

We acknowledge and agree that Strive Insurance Group, Inc makes no representation as to that availability of insurance coverages or the reasonableness of the terms thereof.

Thank you for your courtesy and cooperation.

Very truly yours:

Name of insured _____

Signature of insured

Address: _____

Policy numbers: _____

Date

Company _____

Strive Insurance Group, Inc

Address: _____

Agent Code _____