

Letter of Authorization

RE: Insured: _____

Company: _____

Policy Number(s): _____

Effective Date(s): _____

This letter is to advise that I/we wish to appoint Axion Insurance Services Inc., as of insurance Broker of Record, with regards to the above noted policy number(s) now afforded by your company.

I/we authorize your company to forward to the above brokerage all necessary documents to complete its records.

Thank you for your urgent attention to this matter.

Dated: _____

Signature #1: _____

Signature #2: _____