Sample Letter of Authorization

| On | vour | com | pany | letter | head: |
|----|------|-----|------|--------|-------|
| ~ | 1 | | | | |

Today's Date

Current Carrier Address Re: Policy #

Please be advised that we authorize Stronghold Insurance & Financial Services to receive all claims experience, rate history, benefit information, and renewal actions on our (policy #) insurance program. We would appreciate your assistance on this matter. If you have any questions please call me.

Sincerely,