

Company Name

\_\_\_\_\_

Company Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Company Phone

\_\_\_\_\_

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**RE: Broker of Record Authorization**

Arrowhead General Insurance Agency  
Attention: Arrowhead Underwriter  
2365 Northside Drive #450  
San Diego, CA 92108

To Arrowhead Workers' Compensation Underwriting Team:

Effective immediately, please recognize \_\_\_\_\_ as the Broker of Record for my Workers' Compensation insurance policy. This letter authorizes any underwriter to furnish \_\_\_\_\_ with any information pertaining to my insurance contracts, rates, schedules, surveys, reserves, losses, retention, or other financial data they may require in regards to my insurance needs.

This letter cannot be rescinded unless signed by the authorized below listed person.

Best regards,

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Please provide current policy number if this risk is an Arrowhead General Insurance Agency, Inc. renewal policy.

**Policy Number:**

\_\_\_\_\_