

To Whom It May Concern

I, _____ ,
hereby appoint UIP Insurance Services as my
sole Agent/Broker to act as my exclusive
representative with regards to the following
insurance policy/policies:

Insurance Policy Type and Expiration Date

Auto Policy # _____

Expiration Date _____

Home Policy # _____

Expiration Date _____

Motorcycle Policy # _____

Expiration Date _____

R.V. Policy # _____

Expiration Date _____

Boat Policy # _____

Expiration Date _____

Excess/Umbrella # _____

Expiration Date _____

Insurance Company

Encompass

Geovera

Hartford

McGraw Insurance/
Pacific Select

Progressive

Safeco

Travelers

Other _____

This authorization shall remain in effect until superseded or revoked by the undersigned. Please forward my policy/policies and any pertinent information to my new agent at UIP.

Sincerely,

Named Insured's Signature

Date

Phone (_____) _____

Email _____

Cell Phone (_____) _____