

Agent/Broker of Record Letter

Attention:

Berkshire Hathaway GUARD Insurance Companies

Fax 570-820-7968

P.O. Box A-H • Wilkes-Barre, PA 18703-0020

With this letter, I am notifying you that the representative shown below has been named the exclusive Agent/Broker of Record for this policy — effective immediately. Therefore, Berkshire Hathaway GUARD Insurance Companies is authorized to gather underwriting information and prepare a Proposal of Insurance for this producer on my behalf.

I understand that Berkshire Hathaway GUARD Insurance Companies will honor a quotation for my coverage to only this agent/broker while this letter remains in effect.

POLICYHOLDER INFORMATION

Policyholder Name:

Address:

Policy Number:

Policy Period: To

From

Name of Authorized Representative:

Signature of Authorized Representative:

Date:

AGENT/BROKER INFORMATION

Agent/Broker Name:

Code:

Address:

Name of Authorized Representative:

Signature:

Date:

PAYROLL BILL ACCOUNTS ONLY MUST COMPLETE THE FOLLOWING INFORMATION:

Name of New Vendor:

Date of Payroll Processor Change: