

**Broker of Record Letter**  
*(On Insured's letterhead)*

**[Date]**

**[Insurance Company name]**

RE: **[Named Insured]**  
**[Policy number/Policy Period]**

Dear Underwriter,

Please appoint The Insurance Shop to represent **[insurance company name]** as my Broker of Record, for Workers' Compensation Insurance coverage for the above-captioned policy.

Please waive the five-day rescinding period and make this change effective immediately.

Should you have any additional questions, please do not hesitate to call me.

Sincerely,

**[Name of the company owner]**