July 1, 2015

To Whom It May Concern:

This letter is to authorize effective immediately, **Granite Professional Insurance Brokerage** as our exclusive Broker representative and producer of record on all matters relating to and in connection with all of the company’s insurance policies listed below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coverage** | **Carrier** | **Policy Number/Group ID#** | **Effective Date of Broker change** | **Effective Date of Change** |
|  |  |  |  |  |
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The appointment of Granite Professional Insurance Brokerage rescinds all previous appointments, and the authority herein shall remain in force until canceled in writing. Effective immediately, Granite Professional Insurance Brokerage is hereby authorized to negotiate directly on our behalf as respects changes in existing coverage of our policy and in closing, changing, increasing or canceling insurance carried under temporary binders or cover notes. We understand that Granite Professional Insurance Brokerage should not be liable for any return commissions on business that they did not place. In addition, Granite Professional Insurance Brokerage will not be held responsible for any deficiencies on a program they did not broker.

Please furnish Granite Professional Insurance Brokerage with copies of all applications, information and documents they may deem necessary to handle and protect our insurance program interests.

This letter takes effect immediately and rescinds and supersedes any previous authorization letters, documents or forms we may have given to others that were filed with you. Finally, we are waiving any grace period normally given for a superseding letter to allow Granite Professional Insurance Brokerage to begin negotiations immediately.

Sincerely,

Signature of Authorized Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Printed Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Granite Insurance Brokers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Printed Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cc: Granite Professional Insurance Brokerage, Inc.

6600 Koll Center Parkway Suite 100

Pleasanton, Ca. 94566