

Producer of Record Authorization

Date:

To: Chubb Group of Insurance Companies
202 Hall's Mill Road
PO Box 1600, Whitehouse Station, NJ 08889-1600

Re: Policy #:
Coverage Type:
Renewal Date:

Gentlemen:

This letter authorizes you to recognize the office of:

Producer Name: _____
Producer Address: _____

As the producer of record now handling my insurance affairs. This should take effect as of the policy renewal date(s) noted above.

Insured: _____
(Signature)

Address: