

Date: _____

Community Insurance Agency of Puerto Rico, Inc
PO Box 50561
Toa Baja, PR 00950

Re: Policy Number (if available) _____

To whom may it concern:

This confirms that as of today, we have appointed **Community Insurance Agency of Puerto Rico Inc.**, as our exclusive insurance producer with respects to any insurance policy we own or may have interest.

This appointment rescinds all previous appointments and shall remain in full force until cancelled in writing.

Also, **Community Insurance Agency of PR, Inc.**, is hereby authorized to negotiate directly with any interested insurance company as respects changes in our insurance policies, binders and cover notes. **Community Insurance Agency of PR, Inc.**, will not share responsibility for any deficiency in the insurance program until they have had reasonable opportunity to make a review and to provide us with their recommendations.

This letters also constitutes your authority to furnish **Community Insurance Agency of Puerto Rico, Inc.**, its representatives with all information they may request as it pertains to our insurance contract, rates, rating schedules, surveys, reserves, retentions, applications and all other information they wish to obtain in connection with the insurance program to wish this letter applies. We request that you do not communicate such information to anyone else.

We look forward to a mutually and lasting relationship.

Sincerely,

Sing

Name & Title