

McGregor Insurance, Inc.

Ocean Shores, Washington

Agent of Record

Insurance Company: _____

Date: _____

Name of Insured: _____

Policy Number(s): _____

To Whom it May Concern:

Effective immediately, please recognize McGregor Insurance, Inc. as the agent/broker of record for all matters pertaining to the above mentioned policy or policies with your company. This appointment is effective immediately and will remain in full force and effect until you are notified in writing to the contrary.

If you have any questions regarding this authorization, please do not hesitate to contact me. Thank you for your cooperation and assistance in this matter.

Sincerely,

Signature: _____

Print name: _____

Please mail, fax, or email this form to:

McGregor Insurance, Inc.
849 Point Brown Ave NW Ste 5
Ocean Shores, WA 98569

Fax: 360-637-3523

Email: theteam@mcgregorins.com

This appointment is made with the understanding that MCGREGOR INSURANCE, INC. is not responsible for losses arising out of uninsured or improperly insured areas of your exposures for a period of time sufficient for MCGREGOR INSURANCE, INC. to review and make recommendations concerning your present insurance program, and implement the placement of any additional coverage changes authorized.