



Agent of Record

INSURANCE COMPANY _____

NAME OF INSURED _____

POLICY NUMBER(S) _____

DATE: / /

To Whom it May Concern

Effective immediately, please recognize Sailor & Associates Insurance 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 or email this form to

DOUGLAS & ASSOCIATES
2031 South Big Bend Blvd,
St. Louis, MO 63117

EMAIL agents@DAASTL.com