

Date

Vendor

Address

RE: Insert Client Name and Policy Number

Dear Vendor:

This confirms that effective immediately, we have appointed Thorbahn as our exclusive Broker with respect to the above-mentioned coverage's with (Vendor). The appointment of Thorbahn rescinds all previous appointments and the authority contained herein shall remain in full force for a minimum period of 90 days following the date of this letter.

Thorbahn hereby authorized to negotiate with Vendor directly with respect to changes in existing insurance policies and in changing, increasing or canceling insurance carried under present policies. We understand, however, that they will not share responsibility for any deficiencies in the insurance program to which this letter applies until they have had a reasonable opportunity to make a review and to provide us with their recommendations.

This letter also constitutes your authority to furnish Thorbahn with all information they may request as it pertains to our insurance contracts, rates, rating schedules, retentions, reserves and all other financial data they may wish to obtain for their study of our present and future requirements in connection with the insurance program to which this letter applies.

Furthermore, I hereby authorize the payment of commissions and/or fees to Thorbahn Insurance Agency, Inc., EIN #04-3563135.

Very truly yours,

Client Name

Title

Cc: Thorbahn