

Agent of Record Letter

We designate Lehrman Group as our Broker of Record for our company's group health insurance contract.

We understand that Lehrman Group will receive all commissions and will be responsible for policy servicing needs.

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Identification Number \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Get covered.™