



# PIE INSURANCE

Pie Insurance & its subsidiary carriers

Broker of Record Letter Date:

Named Insured: \_\_\_\_\_

Policy number: \_\_\_\_\_

Policy Period: \_\_\_\_\_

Effective date of renewal: \_\_\_\_\_

Agency requesting BOR (including agency code): \_\_\_\_\_

To whom it may concern,

Please appoint (AGENCY NAME) \_\_\_\_\_ to represent me as my Broker of Record for our workers' compensation insurance policy captioned above. We request that Pie Insurance recognize this Broker of Record effective for the renewal period for the policy noted above. This letter constitutes your authority to furnish all information they may request as it pertains to our insurance, including copies of policies, endorsements, and loss runs.

Sincerely,

\_\_\_\_\_  
Signature of owner/officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name and title of owner/officer