

BROKER LETTER

DATE: _____

FROM: _____
Business Name

Address

City, State, Zip

RE: INSURANCE QUOTATION & POSSIBLE POLICY ISSUANCE

To Whom It May Concern:

Please be advised, effective the date of this letter, we wish to assign the Thompson-Gusic Insurance Group, Inc., 2140 Ardmore Blvd, Pittsburgh PA 15221 as our broker and representative for insurance quotation purposes and possible subsequent issuance of coverage.

This letter does not apply to our incumbent insurance carrier, if any, and does not obligate us to purchase any policy.

Signed

Print Name

Title

Date

Fax this Signed Form to: (412) 271-8898, or Email to: insurance@thompsongusic.com