

**Magnolia Insurance Agency Inc.**

Seattle, Washington

**Agent of Record**

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

Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

To Whom it May Concern:

Effective immediately, please recognize Magnolia Insurance Agency Inc. 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, fax, or email this form to:

Magnolia Insurance Agency Inc.  
3424 W McGraw St  
Seattle, WA 98199

Fax: 206-281-8688

Email: [magnoliainsurance@comcast.net](mailto:magnoliainsurance@comcast.net)