SAMPLE ONLY

Broker of Record Transition Acknowledgment

Named Insured: _____

Effective Date of BOR: _____

Thank you for appointing **[Agency Name]** as your Broker of Record.

The Insured acknowledges that the Agency recently became Broker of Record for this account and has not yet had a reasonable opportunity to become fully familiar with the account. As a result, matters affecting the account, including matters that may have existed prior to the Agency's appointment as Broker of Record, may not yet be known to the Agency.

The Insured further understands that conditions, coverage limitations, inaccuracies, or other matters affecting the insurance program may exist that predate the Agency's appointment.

Until the Agency has had a reasonable opportunity to obtain and review available information regarding the account, matters affecting the account may not yet be known to the Agency.

The Insured agrees to promptly provide information reasonably requested by the Agency and to advise the Agency of any material changes in operations, locations, property values, payroll, revenue, contracts, vehicles, personnel, or other exposures that may affect the account.

As additional information becomes available and is reviewed, the Agency may discuss available insurance coverages, limits, deductibles, and other insurance-related matters with the Insured, as appropriate.

By signing below, the Insured acknowledges that the Agency's review of the account is ongoing and that matters affecting the account, including matters that may have existed prior to the Agency's appointment as Broker of Record, may not yet have been identified.

Insured: _____

Signature: _____

Title: _____

Date: _____

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