

**Broker of Record Letter**  
*(On Insured's letterhead)*

**[Date]**

**[Insurance Company name]**

RE: **[Named Insured]**  
**[Policy number/Policy Period]**

Dear Underwriter,

Please appoint the **[your retail agency name]** and **PMC Insurance Group** located at 209 Burlington Rd, Suite 109, Bedford, MA 01730 to represent as my Retail Broker of Record and Wholesaler Broker of Record, for the workers' compensation insurance coverage for the above-captioned policy. We request that **[Name of the Carrier]** recognize this Broker of Record effective **[date]** for the workers compensation coverage.

Please waive the five day rescinder period and make this change effective immediately.

Should you have any additional questions, please do not hesitate to call me.

Sincerely,

**[Name of the company owner]**