Insured Name

Address

**Date:**  02/19/2019

**To:** CID Insurance Programs, Inc. and

AmTrust North America

**Re:** Broker of Record

Insured Name/ Policy Number

To Whom It May Concern:

Please recognize CID Insurance, located at 7125 El Cajon Blvd. Ste. 3, San Diego, CA 92115, as my exclusive agent and representative in connection with the referenced policy(s), effective the February 18, 2019 renewal. Effective immediately, this authorization rescinds any authorization previously filed for the above referenced policies.

Thank you for your courtesy and prompt attention to this matter.

Sincerely,