Barry Greenberg Insurance Agency **Agent of Record**
Westlake Village, California

Insurance Company: _____ Date: _____

Name of Insured: _____

Policy Number(s): _____

To Whom it May Concern:

Effective immediately, please recognize Barry Greenberg Insurance Agency 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:

Barry Greenberg Insurance Agency
650 S Westlake Blvd #203
Westlake Village, CA 91362

Fax: 805-494-1112

Email: customerservice@barryg.com