

# Slevin Insurance Group

Plainfield, Illinois

Agent of Record

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

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

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

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

To Whom it May Concern:

Effective immediately, please recognize Slevin Insurance Group 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:

Slevin Insurance Group  
15130 S Route 59 Ste 203  
Plainfield, IL 60544

Fax: 877-396-6128

Email: [info@slevininsurancegroup.com](mailto:info@slevininsurancegroup.com)