Collins Advantage Insurance Agency, LLC

Agent of Record

Butte, Montana

Insurance Company: _____ Date: _____

Name of Insured: _____

Policy Number(s): _____

To Whom it May Concern:

Effective immediately, please recognize Collins Advantage Insurance Agency, LLC 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:

Collins Advantage Insurance Agency, LLC
2537 Harrison Avenue
Butte, Montana 59701

Fax: 406-782-1294

Email: mtjenny@gmail.com