

[Please Submit with Name & Address]

Date:_____

Insurance Company:_____

Insurance Co. Address:_____

Policy Number(s):_____

RE: Agent/Broker of Record

To Whom It May Concern,

This is to notify you that I have appointed C.K. Ash & Associates, whose business address is P.O. Box 6085 Florence, KY 41042, as our sole insurance representative with respect to the coverage provided to us, <Insert Names as it appears on Policy> effective <Month/Day/Year>.

This designation will remain in effect until we notify you in writing to the contrary.

Please do not hesitate to contact me with any questions.

Sincerely,

Signature of Named Insured

Please Print (Named Insured)