



EXCESS LINE ASSOCIATION OF NEW YORK
120 Wall Street, 24th Floor, New York, NY 10005
Tel: (646) 292-5500 | www.elany.org

Date: _____

Re: Name of Insured: _____

Policy # /Cover Note #: _____

OLD AFF. #: _____

NEW AFF. #: _____

To whom it may concern:

Effective immediately, I hereby authorize you to change the Excess Line Broker of Record to:

Broker Name: _____ **License #:** _____

Broker Address: _____
(Street/Number)

(City) (State) (Zip Code)

Phone # () _____ - _____

This change is requested with the full knowledge and approval of the existing Excess Lines Broker of Record - _____

Thank you for your cooperation in this matter. If you have any questions, please contact our office.