

**Freedom Insurance Agency, Inc.**

Burnsville, Minnesota

**Agent of Record**

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

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

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

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

To Whom it May Concern:

Effective immediately, please recognize Freedom Insurance Agency, Inc. 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:

Freedom Insurance Agency, Inc.  
11979 County Road 11, Ste 271  
Burnsville, MN 55337

Fax: 952-513-2094

Email: [office@freedominsagent.com](mailto:office@freedominsagent.com)