

**Cohen Miles Insurance Agency, Inc.**

Needham, Massachusetts

**Agent of Record**

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

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

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

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

To Whom it May Concern:

Effective immediately, please recognize Cohen Miles 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:

Cohen Miles Insurance Agency, Inc.  
105 Chestnut Street Ste 31  
Needham, MA, 02492

Fax: 617-489-0151

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