

Date:

Subject: Broker of Record Letter

To whom it may concern:

This letter is to confirm that effective _____, we have appointed Accuchex Insurance Services, LLC (License #OG33235) as our exclusive Insurance Broker with respect to the following coverage's:

- Property and Causality including Employee Workers Compensation
- Benefits Programs of Health
- Dental
- Life
- Disability
- Vision Coverage

Accuchex Insurance Services, LLC is hereby authorized to negotiate directly with current insurance companies in respect to changes in the existing insurance policies. In addition, this letter authorizes Accuchex Insurance Services, LLC to be furnished with any information they may request as it pertains to our insurance contracts, rates, benefit schedules, surveys, reserves, retention's and all other financial data they may wish to obtain for their responsibilities in connection with the insurance program to which this letter applies.

Very truly yours,

Signed