# Date: 10/09/2015

**To:** United States Liability Insurance Group

**Re:** NAMED INSURED

POLICY(S) #

To Whom It May Concern:

Please recognize CID Insurance, located at 7125 El Cajon Blvd. Ste. 3, San Diego, CA 92115, as my exclusive Wholesaler and representative in connection with the referenced policy(s), effective the October 10th renewal. Effective immediately, this authorization rescinds any authorization previously filed for the above referenced policies.

Thank you for your courtesy and prompt attention to this matter.

Sincerely,

OWNERS SIGNATURE

PRINT THE OWNERS NAME