

Today's Date _____

To Whom It May Concern,

Effectively immediately, I appoint A. Francois Derendinger Insurance

Agency, Inc. as my agent for policy number _____

for insurance company (name) _____. I understand

my insurance premiums will not increase because of this request and it

is revocable at any time.

Sincerely,

Signature

Insured Name:

Address:

Phone:

Email Address:

EMAIL TO INFO@COVERAGE-CA.COM or fax 1 (408) 255-8105