| Date: | |
|---|---|
| American Contractors Indemnity C 601 S. Figueroa St, Suite 1600 Los Angeles, CA 90017 | Company |
| Re: Broker of Record | |
| Bond Number: | |
| To Whom It May Concern, | |
| * ** | Bonds and Insurance Services (producer #2651) as et as my/our representative on insurance matters for is referenced above. |
| | Economy Bonds and Insurance Services with copies of his policy. This appointment revokes all previous |
| I/we choose to waive the 10 day wour previous broker. | vaiting period as we have no intention of going back to |
| Thank you, | |
| | |
| Signature | Date |
| | |
| Print Name | <u></u> |