

**Hillermann & Associates Insurance Company**

Washington, Missouri

**Agent of Record**

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

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

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

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

To Whom it May Concern:

Effective immediately, please recognize Hillermann & Associates Insurance Company 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:

Hillermann & Associates Insurance Company  
1451 High Street, Suite 201  
Washington, MO 63090

Fax: 636-239-3540

Email: [tom@hillermannagency.com](mailto:tom@hillermannagency.com)