

# Gartman Insurance

Erlanger, KY

Agent of Record

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

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

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

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

To Whom it May Concern:

Effective immediately, please recognize Gartman Insurance 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:

Gartman Insurance  
495 Erlanger Rd Ste 104  
Erlanger, Kentucky 41018

Fax: 859-448-5300

Email: [info@gartmaninsurance.com](mailto:info@gartmaninsurance.com)