RSI Agency Agent of Record Newport, Minnesota Insurance Company: _____ Date: _____ Name of Insured: Policy Number(s): ______ To Whom it May Concern: Effective immediately, please recognize RSI Agency 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: RSI Agency 745 High St Newport, MN 55055 Fax: 651-459-1148

Email: rsi7005@yahoo.com