

# Hummel Insurance Group - Vevay

Vevay, Indiana

Agent of Record

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

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

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

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

To Whom it May Concern:

Effective immediately, please recognize Hummel Insurance Group - Vevay 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:

Hummel Insurance Group - Vevay  
415 Ferry Street  
Vevay, Indiana 47043

Fax: 812-427-3418

Email: [tpavy@hummelinsurancegroup.com](mailto:tpavy@hummelinsurancegroup.com)