

**Pontell Insurance and Financial Group, Inc.**

**Agent of Record**

Oviedo, Florida

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

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

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

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

To Whom it May Concern:

Effective immediately, please recognize Pontell Insurance and Financial Group, Inc. 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:

Pontell Insurance and Financial Group, Inc.  
1484 Tuskawilla Road  
Oviedo, Florida 32765

Fax: 407-696-1380

Email: [service@pontellinsurance.com](mailto:service@pontellinsurance.com)