(Insert Date)

<Insert Company (AIG Private Client, Chubb, Ace, etc)>

c/o Orchid Specialty High Net Worth

200 Corporate Place Unit 1

Peabody, MA 01960

Re: <insert insured name>

Policy <insert policy number>

Term: <insert policy term>

To Whom It May Concern:

This letter shall serve as confirmation that effective (date) we have appointed Orchid Underwriters Agency, LLC and (insert Agency Name) as our exclusive insurance agent with respect to the above captioned policies. The appointment of Orchid Underwriters Agency, LLC and (insert Agency Name) rescinds all previous appointments and the authority contained herein shall remain in full force until cancelled in writing.

Orchid Underwriters Agency, LLC and (insert Agency Name) are hereby authorized to negotiate directly with any interested company as respects changes in existing insurance policies and in closing, changing, increasing or canceling insurance carried under temporary binders or cover notes. We understand however, that they will not share responsibility for any deficiencies in the insurance program to which this letter applies until they have a reasonable opportunity to make a review and to provide us with their recommendations.

This letter also constitutes your authority to furnish the representatives of Orchid Underwriters Agency, LLC and (insert Agency Name) with all information they may request as it pertains to our insurance contracts, rates, schedules, surveys, reserves, retentions and all other financial data they wish to obtain for their study of our present and future requirements in connections with the insurance program which this letter applies. We request that you do not communicate such information to anyone else.

We request that this appointment be immediate, and any waiting periods be waived.

Sincerely,

signature of Insured

address of the Insured