



**AGENT OF RECORD AUTHORIZATION FORM**

Please fill out this form and submit it by e-mail ([info@roperinsurance.com](mailto:info@roperinsurance.com)) or fax (303-721-1085)  
For additional information or assistance please contact us at 303-721-1145

We, the undersigned group, hereby authorize Roper Insurance and Financial Services to serve as our exclusive insurance agent and advisor for all lines of coverage, including the below referenced policy, effective immediately. By this Agent of Record Form we further authorize the insurance company to provide our group plan information to Roper Insurance and Financial Services so they can make inquiries on our behalf regarding claims, benefits, billing or other similar issues related to our plan.

This Agent of Record Authorization Form rescinds and supersedes all previous agent authorizations or appointments and shall remain in force until cancelled in writing.

Insurance Company	
Policy number(s)	
Group name	
Group contact person	
Group contact person title	
Group phone number	
Group e-mail address	

.....  
Signature

.....  
Date

.....  
Print Name and Title

I represent that I am authorized to appoint an agent for the lines of coverage that are included in this letter.

.....  
Steven J. Roper  
Roper Insurance and Financial Services

.....  
Date

Important Note: You are in no way altering your coverage, benefits, or renewal date by electing to use our free service. You are simply appointing Roper Insurance and Financial Services as your agent, so you can use us as an extra resource.