

AGENCY | BROKER ON RECORD (BOR)

DATE: _____

**To: Health Maintenance Organization (HMO)
And Insurance Provider Philippines**

Dear Providers,

We, _____ with office
address at _____
_____.

hereby designate and authorize **INSURIA MARKETING AND INSURANCE AGENCY CORPORATION** with office address at 7th Floor Medalla Building, 1 General McArthur Avenue, Araneta Center Cubao, Quezon City, 1109 Metro Manila to act as our Agency| Broker of Record in connection with the placement, servicing, renewal, and overall management of our **Insurance and Healthcare (HMO) requirements** effective immediately.

This authorization gives **INSURIA MARKETING AND INSURANCE AGENCY CORPORATION** full authority to:

1. Represent us in all communications, negotiations, and transactions with your office.
2. Secure quotations, proposals, and policy terms on our behalf.
3. Assist us in the administration of benefits, claims, and related services.
4. Provide us with professional advice and support regarding our insurance and healthcare (HMO) programs.

This appointment revokes any prior broker appointments related to our Insurance and Healthcare (HMO) arrangements, effective the date of this letter.

We appreciate your acknowledgment of this authorization and request that all records of our account be updated to reflect **INSURIA MARKETING AND INSURANCE AGENCY CORPORATION** as our duly appointed Agency/Broker on Record.

Thank you for your kind cooperation.

Sincerely,

Authorized Representative: *(Attach photocopy of Valid ID)*

[Signature of Name Authorized Representative] _____

[Name of Client / Authorized Signatory] _____

[Position / Designation] _____

[Company Name] _____