

(LETTERHEAD OF AGENT OR BROKER)

CONFIRMATION OF INSURANCE COVERAGE

(For use where a Representative is covered under Sponsor's policy)

(Name of agency or brokerage)

(Name of sponsored representative)

This is to certify that the insurance policies noted below have been issued in the name of the above named agency/brokerage and extends coverage to sponsored representatives, one of whom is the individual named above.

(Authorized signature)

(Date signed)

Liability Policy

Fidelity Policy

Policy Number: _____

Policy Term: _____

Coverage: _____

Deductible: _____

Broker/Insurer: _____
