

**DiPetrillo Enterprises Inc DBA Southern
Insurance Advisors**

Agent of Record

Roswell, Georgia

Insurance Company: _____

Date: _____

Name of Insured: _____

Policy Number(s): _____

To Whom it May Concern:

Effective immediately, please recognize DiPetrillo Enterprises Inc DBA Southern Insurance Advisors 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:

DiPetrillo Enterprises Inc DBA Southern Insurance Advisors
1103 Macy Dr.
Roswell, GA 30076

Fax: 678-215-0422

Email: service@southia.com