



Agent of Record
Combs Drury Reeves
Leonardtown, Maryland

Insurance Company: _____

Date: _____

Name of Insured: _____

Policy Number(s): _____

To Whom it May Concern:

Effective immediately, please recognize Combs Drury Reeves Insurance Agency 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:

Combs Drury Reeves Insurance Agency

41625 Park Avenue
PO Box 661
Leonardtown, MD 20650

Fax: 301-475-2928

Email: leonardtown@inscenters.com



Combs Drury Reeves Insurance Agency
A Member of the Associated Insurance Centers Family of Companies

www.inscenters.com

41625 Park Avenue Leonardtown, MD 20650

Phone: 800-974-5665 // Fax: 301-475-2928