Philip B. Robinson Insurance

Agent of Record

Laguna Hills, California

Insurance Company:	Date:
Name of Insured:	
Policy Number(s):	
To Whom it May Concern:	
Effective immediately, please recognize Philip B. Robinson I record for all matters pertaining to the above mentioned por This appointment is effective immediately and will remain notified in writing to the contrary.	licy or policies with your company.
If you have any questions regarding this authorization, pleas	se do not hesitate to contact me.
Thank you for your cooperation and assistance in this matte	er.
Sincerely,	
Signature:	
Print name:	
Please mail, fax, or email this form to:	
Philip B. Robinson Insurance 23185 La Cadena Dr, Ste 101 Laguna Hills, CA 92653	

Email: brian@pbrinsurance.com

Fax: 949-474-0488