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**Re: Producing Broker Release Authorizing Contact with E&O Carrier**

\_\_\_\_\_, behalf of \_\_\_\_\_  
*(Authorized Personnel)* *(DBA)*

hereby allow Global Century Insurance Brokers, Inc. to contact the Errors & Omissions Insurance Company insuring the broker to confirm coverage and loss history.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

G.A. name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_