

Broker of Record
For Scottsdale Insurance Company,
National Casualty Company,
Or Scottsdale Indemnity Company

_____ **Date**

_____ **Named Insured**

Please recognize _____ as my broker or agent of record,
(producing agent)

who is authorized on my behalf to approach _____, to
(general agent)

represent me in the processing of my insurance requests through Scottsdale Insurance
Company, National Casualty Company, or Scottsdale Indemnity Company.

_____ This is a new business quote

_____ This is a request for renewal of an existing Scottsdale Insurance Company / National
Casualty Company / Scottsdale Indemnity Company policy. (Policy # _____)

_____ **Insured Signature**