

Letter of Authorization – Insurance Company
(copy this onto your company letterhead and complete)

To: Your Insurance Company Name
Your Insurance Company Address
Your Insurance Company City, State, Zip

Date: _____

Dear Sirs,

Please accept this as my authorization for you to release to Workers Compensation Consultants of Columbia, Missouri all information they may request concerning our workers compensation policies. We have authorized Workers Compensation Consultants to review our current and prior workers compensation policies and authorize them to consult with any employee of your company concerning our account.

Signed: _____