

Shield Insurance Agents & Brokers Ltd.  
#72 University Drive  
P.O. Box GT-2174  
Nassau, Bahamas

**To Whom it May Concern:**

I, \_\_\_\_\_ authorize \_\_\_\_\_  
*(Policyholder's Name)* *(Authorized Person's Name)*  
permission to conduct business on my behalf in regards to my insurance policy. Any  
transactions with your company will remain between myself, the above authorized person  
and Shield Insurance Agents & Brokers Ltd.

Thank you in advance for your assistance.

Sincerely,

\_\_\_\_\_  
Policyholder's Signature