## (LETTERHEAD OF AGENT OR BROKER)

## CONFIRMATION OF INSURANCE COVERAGE

(For use where a Representative is covered under Sponsor's policy) (Name of sponsored representative) (Name of agency or brokerage) This is to certify that the insurance policies noted below have been issued in the name of the above named agency/brokerage and extends coverage to sponsored representatives, one of whom is the individual named above. (Authorized signature) (Date signed) **Liability Policy Fidelity Policy** Policy Number: Policy Term: Coverage: Deductible: Broker/Insurer: