

**Professional Mass Marketing International, Inc.**  
**3400 Coral Way, Suite 603**  
**Miami, FL 33145**  
**(305) 441-0033 bus · (305) 441-6915 fax**

**Agent of Record Agreement**

I, \_\_\_\_\_, an officer of \_\_\_\_\_,  
("Company") hereby grant Professional Mass Marketing International, Inc. the exclusive  
right to be the broker of record for our Company in relation to health and welfare  
insurance.

This request should be considered effective immediately and supersedes any other broker  
of record agreement for our Company.

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signed \_\_\_\_\_

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

Title \_\_\_\_\_ (must be an officer of the company)

Date \_\_\_\_\_

For Professional Mass Marketing International, Inc. use
By _____
Printed Name _____
Title _____ Date _____