Broker of Record Review

DRAFT WORKSHEET / NOT SIGNED OR SUBMITTED

This is a preparation worksheet and review request, not a signed BOR letter, broker appointment, broker-fee agreement, or instruction to change carriers. Your current representation stays unchanged by this submission. Do not send this worksheet to a carrier as an appointment.

Exact legal name of named insured

Mailing address, city, state and ZIP

Current insurance carrier

Policy number

Your full name

Your title or relationship to the named insured

Verified account email

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Contact phone

Coverage / line

Choose one: Commercial property / General liability / Workers' compensation / Commercial auto / Business owner's policy / Umbrella / excess / Other property / casualty

Current policy start

Current policy expiration

Current agent or brokerage

When would you like representation reviewed?

Choose one: At renewal / During the current policy term / Please advise

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What would you like us to know? (optional)

REQUEST SCOPE / REVIEW BEFORE SUBMITTING

I am the named insured or an authorized representative and request a broker-of-record eligibility review only. I understand that this submission does not appoint Kalvira, dismiss my current broker, waive any carrier notice or rescission process, change carriers, authorize fees, or bind, cancel, renew or change coverage. A separate reviewed appointment and carrier acceptance are required.

I ask Kalvira to save this request in my private client account and email a copy through its email provider to gor@kalvira.com. I have read the portal privacy notice. Email is not end-to-end encrypted. I will not include Social Security numbers, payment details, medical records, or claimant information.

No signature or broker appointment is created by this worksheet. Email verification confirms mailbox access, not identity or authority. Do not use this document as a certificate, binder, cancellation notice, or claim report.

AGENCY REVIEW CHECKLIST: Confirm the licensed agency's exact legal identity and license, carrier appointment/access, policy eligibility, appointment scope, carrier-specific wording, effective-date/notice/rescission process, required fee/compensation disclosures and the insured's signing authority. Arrange a separate accepted appointment document. This worksheet must not be submitted as an executed BOR letter.