

Attention: To all Mexico Insurance Companies

Effective immediately, Cesar Suárez c/o Suárez y Suárez is to act as our only authorized Agent for the purpose of procuring quotes, and if we agree to your proposals, procuring insurance on our behalf.

I understand that your insurance company will provide quotes, and by signing this form, I agree to terminate any and all other Insurance Agents / Brokers, including our current one, to obtain this quote or to bind insurance coverage on our companies behalf with your company.

This letter will remain valid and in force unless formally rescinded in writing. This request supercedes all others and is effective immediately.

Sincerely,

Authorized Company Official

Date Signed

Print Name

Title

Download and print this English and Spanish version of the “Agent of Record” form onto your business letter head and fax or mail *both* versions to (their U.S. forwarding address):

**L.A.E. Cesar Suárez G.
c/o Suárez y Suárez
1155 Larry Mahan, Suite H
El Paso, TX 79925
Fax # (915) 592 – 1293**