

Sample Customer Carrier Downgrade Acknowledgement Form



I acknowledge that I have been advised that my insurance carrier, (*carrier name*), has had a financial rating downgrade.

_____ I would like to be contacted regarding remarketing my account to carriers with a higher financial stability rating.

_____ I would like to keep my policy with my current carrier.

Please note that no action will be taken on your policy if you fail to respond to this letter.

Signature: _____

Print Name: _____

Title: _____

Date: _____

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