

AUTHORITY LETTER

Company Name – Please Print

Address

City, State, and Zip Code

Telephone Number

Date

Federal ID or Social Security Number – (circle one)

Name of carrier and policy number – if available

Renewal Date

TO:

COMPENSATION ADVISORY ORGANIZATION OF MICHIGAN

(e-mail LOA@CAOM.COM)

PO BOX 3337

LIVONIA MI 48151-3337

Gentlemen:

Please accept this letter as authority to furnish Comprehensive Risk Services, Inc., with copies of all available loss and payroll data for our company.

Please forward this data to:

Comprehensive Risk Services, Inc.

(e-mail cbeattie@crsmi.com)

Thank you.

Sincerely,

Signature of OWNER PARTNER CORPORATE OFFICER (circle one)

Printed Name of the Individual Signing

*FAX completed, signed Authority Letter to 1-906-293-3342,
or mail to MATSIF, 13168 State Highway M-28, Newberry, MI 49868*