

AUTHORITY LETTER

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*Company Name – Please Print*

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*Address*

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*City, State, and Zip Code*

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*Telephone Number*

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*Date*

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*Federal ID or Social Security Number – (circle one)*

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*Name of carrier and policy number – if available*

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*Renewal Date*

TO:

COMPENSATION ADVISORY ORGANIZATION OF MICHIGAN  
(e-mail [LOA@CAOM.COM](mailto: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 [cbrooks@crsmi.com](mailto:cbrooks@crsmi.com))

Thank you.

Sincerely,

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Signature of    OWNER    PARTNER    CORPORATE OFFICER (circle one)

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Printed Name of the Individual Signing

*FAX completed, signed Authority Letter to 1-906-293-3342, email to [jschummer@matsif.com](mailto:jschummer@matsif.com) or mail to MATSIF, 13168 State Highway M-28, Newberry, MI 49868*