

Organization Name: \_\_\_\_\_

Organization City/State: \_\_\_\_\_

Date: \_\_\_\_\_

To: Reed Sprague, Agent for Brotherhood Mutual Insurance Co.

From (please print full name): \_\_\_\_\_

Your Title at the Organization: \_\_\_\_\_

Re: Above-named Organization's Complete Name & Contact Information

Dear Reed Sprague:

This letter is to verify the above-named organization's name & contact information.

Our Organization's Complete Legal Name:

\_\_\_\_\_

Our Organization's DBA Name:

\_\_\_\_\_

Our Organization's Recent \_\_\_ FKA or \_\_\_ AKA Name:

\_\_\_\_\_

Our Organization's Main Physical Location Address: County:

\_\_\_\_\_

Our Organization's Mailing Address: County:

\_\_\_\_\_

Our Organization's Main Phone # and Main Email Address:

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Our Organization's Website:

\_\_\_\_\_

Our Organization's Insurance Contact Name & Title:

\_\_\_\_\_ | \_\_\_\_\_

Our Organization's Insurance Contact Phone # & Email Address:

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Organization Representative

\_\_\_\_\_  
Date Signed