

PLEASE RETYPE ON YOUR LETTERHEAD

DATE:

COMPENSATION ADVISORY ORGANIZATION
OF MICHIGAN
P.O. BOX 3337
LIVONIA, MI 48151

EMAIL: LOA@CAOM.COM

GENTLEMEN:

PLEASE ACCEPT THIS LETTER AS AUTHORITY TO FURNISH THE CAM WORKERS'
COMPENSATION PLAN WITH COPIES OF THE CURRENT YEAR AND PAST TWO YEARS
EXPERIENCE RATING DATA. PLEASE EMAIL TO RRIDKY@CAMCOMP.NET OR MAIL TO
18645 CANAL RD., SUITE 4, CLINTON TWP., MI. 48038,

YOURS TRULY,

(TITLE)

(MUST BE SIGNED BY AN OFFICER/OWNER/PARTNER OF THE COMPANY)