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## Workers Compensation Renewal Authorization

Agency Name requests that Farmers of Salem not issue any workers  
compensation policy renewals under agency code beginning on  
Agency Code Start Date

I would like all Farmers of Salem Workers Compensation to be renewed with  
AmTrust through Salem Risk Associates ( SRA).

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

Please return this form to:

**Christina Hitchner**  
**Email:** [chitchner@gotosra.com](mailto:chitchner@gotosra.com)  
**Fax:** (856) 935-5150 Attn: Christina Hitchner