

Date \_\_\_\_\_

Stryde Solutions, LLC  
1100 Torrey Road, Suite 100  
Fenton, MI 48430

Re: Letter of Authority

To Whom it May Concern:

This letter authorized Stryde Solutions, LLC d/b/a Stryde, to request and receive copies of any information and pertinent data from employees and associates of our workers' compensation carrier(s) insurance agent(s) and rating bureaus regarding any and all aspects of our workers' compensation policies and to receive copies of such information as deemed necessary.

Such information shall include, but not be limited to, bureau inspection reports, administrative rulings, correspondence, policies, loss reports, experience rating worksheets, billing statements, and audit reports/auditor worksheets pertaining to our company.

This letter authorizes Stryde to consult with any employee or agent of your organization regarding all aspects four workers' compensation policies and to request policy or rating revisions on our behalf.

We appreciate your cooperation in this important matter. Please extend every courtesy to the employees or agents of Stryde.

Sincerely,

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Company Name

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Signature

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Title