

Agent/Broker of Record Letter

(Photocopy this letter on your own personal or company letterhead)

Attention: All Aviation Insurance Companies

This is to certify that effective immediately, Aviation Insurance Resources, LLC (**AIR**) is my only authorized agent for the purpose of arranging insurance on my behalf.

I understand that your company will release a quotation for my insurance to only one agent/broker, and that by signing this letter, I am terminating the ability of any other agent/broker (including my current agent/broker) to obtain a quotation or to bind aviation insurance with your company.

This letter will remain valid until formally rescinded in writing.

Please waive the customary five-day waiting period, as this Agent of Record Letter will not be rescinded.

Sincerely,

Company Name (if applicable)

Insured's Signature

Date Signed

Print Name

N# or Title

Notice: This letter contains the approved wording by the Aviation Insurance Association (AIA).

Return to: Aviation Insurance Resources (**AIR**)
P.O. Box 32, Frederick Municipal Airport
Frederick, MD. 21705
FAX 301-682-9793