

Date:

To: All Aviation Insurance Carriers

Re: **Broker of Record Letter Authorization**

Name:

Co. Name:

Policy #:

N # (if appl):

This confirms that as of \_\_\_\_\_, we have appointed CFM Aviation Insurance as our exclusive insurance broker with respect to the above referenced policy (ies). The appointment of CFM Aviation Insurance rescinds all previous appointments, and the authority contained herein shall remain in full force and effect until I formally rescind the authorization in writing.

CFM Aviation Insurance is hereby authorized to negotiate directly with any interested insurance company as respect to changes in existing insurance policies and in closing, changing, increasing, or canceling insurance under temporary binders or cover notes.

This letter also constitutes your authority to furnish CFM Aviation Insurance representatives with all information they may request as it pertains to existing insurance contracts, rates, rate schedules, surveys, retentions, reserves, and all other financial data they may wish to obtain for their study of our present and future requirements in connection with the insurance contract to which this letter applies.

By signing this letter, I am eliminating the ability of any other broker to obtain a quotation, or to bind aviation insurance with your company. Please waive the normal five day waiting period.

Sincerely,

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Signature / Title