**\*(Client Name)**

**\*(Street Address)**

**\*(City, State, Zip)**

Date:

TO: All Aviation Insurance Companies

To Whom It May Concern:

This is to confirm, effective immediately, the appointment of **The James A Gardner Company, Inc.** as my/our exclusive Broker of Record and the authorized representative for purposes of developing coverage proposals and placing aviation insurance coverages on my/our behalf.

I understand that aviation insurance companies will release a coverage quotation and proposal for insurance to only one broker, and that by signing this letter, I am terminating the ability of any other broker (including any broker currently involved) to obtain a quotation or to bind aviation insurance on my behalf.

A copy of this letter including my signature below will authorize any aviation insurance market to provide **The James A Gardner Company, Inc.** with all pertinent information or documents required.

This appointment supersedes any previous such appointment and shall remain valid unless superseded in writing by me.

Best Regards,

SIGNED:

Print Name: Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: