



*Agent of Record Letter
Revised 10-12*

Date

Insured's Name

Street Address

City, State, Zip

To: All Aviation Insurance Companies
Re: Agent/Broker of Record Letter

This is to certify that Shoreline Aviation Insurance and its representatives are authorized for the purpose of arranging aviation insurance on my behalf.

I understand that aviation insurance companies will release a quotation for my insurance to only one agent/broker. By signing this letter, I am terminating the ability of any other entity (including my current agent) to obtain a quotation or to bind aviation insurance with your company. Please waive the customary five (5) day waiting period.

This letter will remain valid until I formally rescind this authorization in writing.

Sincerely,

Signature of Insured

Shoreline Aviation Insurance
A Division of Shoreline Aviation Services, LLC
148 Biddle Drive
Jasper, Alabama 35503
(205) 384-4646 or (800) 747-0825
www.shorelineaviationinsurance.com