



INSURED: Name

Address

State

Zip

TO: ALL AVIATION MARKETS

RE: AGENT OF RECORD

Effective immediately we recognize Allstate Aviation, LLC as our exclusive agent of record. As such, Allstate Aviation should have access to our records and policies, and have the ability to negotiate on our behalf. I understand this letter precludes other producers from obtaining information or quotation until such time as this letter is revoked.

Please make all information and documents pertaining to our insurances to Allstate Aviation. I am terminating the ability of my current broker and all agents/brokers to obtain quotation or to bind.

Signature

Print Name

Title

Date