***Broker of Record Letter on Insured’s Letterhead***

TO:

RE: Broker/Agent of Record Authority for (**insured's name**)

DATE:

Effective immediately, please recognize\_\_\_\_\_\_\_\_(agent/address)\_\_\_\_\_\_\_ and Risk Alternatives and Management (RAM), 3104 Creekside Village Dr, Suite 501, Kennesaw, GA 30144 as my agent and broker with respects to our renewal insurance for aviation workers compensation and/or renewal of policy #\_\_\_\_\_\_\_\_\_\_\_\_\_effective\_\_\_\_\_\_\_\_\_and other policies with insurer.

This appointment rescinds all previous appointments and this authority shall remain in force until cancelled in writing by us. Please waive the customary waiting period provided and recognize \_\_\_(agent)\_\_\_\_ and RAM immediately.

In addition to authorizing the release of the quote on our business, this letter also constitutes the authority of any underwriter to furnish\_\_\_(agent)\_\_\_ and RAM with any information relating to our current or past insurance contracts, rates, schedules, surveys, losses, or financial data related to our insurance coverage as they may require to service our account.

Sincerely,

(Signature)

NAME

TITLE