

Date: _____

RE: Agent of Record

To Whom It May Concern:

This is to confirm, effective immediately, the appointment of Chappell, Smith & Associates, Inc., dba CS&A Aviation Insurance as the exclusive Agent of Record and authorized representative for the purposes of developing coverage proposals and placing aviation insurance coverage's on my behalf.

I understand that aviation insurance companies will release a coverage quotation and proposal for insurance to only one agent. By signing this letter, I am terminating the ability of any other agent (including any agent currently involved) to obtain a quotation or to bind aviation insurance on my behalf. I understand however, that Chappell, Smith & Associates, Inc., dba CS&A Aviation Insurance has no responsibility for any deficiencies in the insurance program to which this letter applies until they have had a reasonable opportunity to make a review and to provide us with their recommendations.

Chappell, Smith & Associates, Inc., dba CS&A Aviation Insurance cannot be held responsible for any insurance premium commissions received by or due to any other agent, nor for any return of commissions associated with any return of such premiums.

A copy of this letter bearing my signature below will authorize any aviation insurance market to provide Chappell, Smith & Associates, Inc., dba CS&A Aviation Insurance with all pertinent information or documents required.

This appointment supersedes any previous such appointment, and shall remain valid unless superseded in writing by me. SINCE TIME IS OF THE ESSENCE, PLEASE WAIVE ANY WAITING PERIOD.

Yours truly,

Signed: _____ Title: _____

Print Name: _____ Date Signed: _____

N# & Make & Model (if applicable): _____

Company Name: _____