



Mail or Fax Form to:
Travers & Associates
P.O. Box 220519
St Louis, MO 63122
Tel: 800-888-9859
Fax: 314-963-9105

Broker of Record Letter

TO: All Aviation Insurance Companies

This is to certify that Travers & Associates is my authorized representative for the purpose of arranging aviation insurance on my behalf.

By signing this letter, I am eliminating the ability of any other broker to obtain a quotation or to bind aviation insurance with your company. Please waive the normal five day waiting period.

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

Signed: _____

Printed Name: _____

Company Name: _____

Date: _____

N#: _____