



Agent of Record

Kessler Alair Insurance Services, Inc.
Upland, California
Agent Code _____

Insurance Company: _____

Date: _____

Name of Insured: _____

Insured Contact: _____
(phone/email)

Policy Number(s): _____

To Whom it May Concern:

Effective immediately, please recognize Kessler Alair Insurance Services, Inc. as the agent/broker of record for all matters pertaining to the above mentioned policy or policies with your company. This appointment is effective immediately and will remain in full force and effect until you are notified in writing to the contrary.

If you have any questions regarding this authorization, please do not hesitate to contact me.

Thank you for your cooperation and assistance in this matter.

Sincerely,

Signature: _____

Print name: _____

Please mail, fax, or email this form to:

Kessler Alair Insurance Services, Inc.
2335 W. Foothill Blvd Suite #3
Upland, California 91786

12487 N Mainstreet, Suite 240
Rancho Cucamonga, California 91739

Fax: 909-932-2133

Email: insurance@kessleralair.com



Kessler Alair Insurance Services, Inc.

www.kessleralair.com

2335 W. Foothill Blvd Suite #3 Upland, CA 91786
12487 N Mainstreet, Suite 240 Rancho Cucamonga, CA 91739

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