



Associated Broker

APPOINTMENT OF BROKER

I/We, the undersigned, hereby give permission for the transfer of the following policies to the agency of:

NAME OF BROKER/AGENT _____

BROKERS CODE NUMBER _____

POLICY NUMBERS

I _____ hereby confirm that _____
NAME OF INSURED NAME OF BROKER / AGENT

Is authorised to handle all cancellations, amendments, claims and the appointment of new underwriters on my behalf. This appointment revokes any existing appointment as INSURANCE BROKERS(S) AND / OR AGENT(S).

This appointment is subject to _____ being entitled to receive
NAME OF BROKER / AGENT
payment from the INSURER, after the policy has been placed in the name of the authorised broker and / or agent.

NAME AND ADDRESS _____
OF INSURED _____

ID NUMBER _____
TELEPHONE NUMBER _____
CELL PHONE NUMBER _____

SIGNATURE OF INSURED

DATE SIGNED



Associated Broker

LETTER OF AUTHORIZATION

(PLEASE NOTE THAT THIS LETTER OF AUTHORIZATION IS NOT A LETTER OF APPOINTMENT)

I _____ hereby give
NAME OF INSURED
_____ access to the cover, insured amounts and claims history of
my portfolio with the aim of compiling a quotation or presentation.

THE FOLLOWING POLICY/IES ARE APPLICABLE:

POLICY NUMBERS

SIGNATURE OF INSURED

DATE SIGNED

NAME AND ADDRESS
OF INSURED

ID NUMBER

TELEPHONE NUMBER

CELL PHONE NUMBER

