

Letter of Appointment

I/we hereby appoint _____ Insurance Brokers as our general insurance brokers with immediate effect. This appointment shall continue until such time it is terminated, in writing, by either party. This authority replaces and revokes any previous authorities given, or implied, to any agent, or broker, previously handling our insurance.

I/we acknowledge that the insurers with whom _____ Insurance Brokers place our insurance may provide consideration to them for doing so and a service margin may also be charged (as detailed in the _____ Client Services Guide).

_____ Insurance Brokers have explained to me/us the range of services to be undertaken by them as my/our insurance brokers. Further, _____ Insurance Brokers has explained to me/us the duty of disclosure to insurers, and I/we understand my/our obligations, as follows:

Duty of disclosure

For an insurer to make an informed assessment of the risk it faces under a contract of insurance, and calculate the premium it should charge, all relevant matters must be disclosed in good faith. This requires me/us to disclose every matter that I/we know or could reasonably be expected to know, which may influence the insurers decision whether to accept a risk of insurance and, if so on what terms and at what premium. I/we understand that the same duty of disclosure applies before any renewal, extension, variation or reinstatement of a contract of general insurance.

Non disclosure

I/we understand that failure to comply with the duty of disclosure, may result in the insurer being entitled to avoid liability or reduce liability under the contract in respect of any claim, or may result in termination of the contract.

NAME

COMPANY

SIGNED

DATE

/ /

SIGNED

DATE

/ /

PHONE

FAX

EMAIL

POSTAL ADDRESS

Client Services Guide

I have received the _____ Client Services Guide.

SIGNED

DATE

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