



## Letter of Appointment

Clients name : .....

Policy Numbers: .....

### *To whom it may concern*

*This letter is to confirm that we have appointed Capital Mutual Insurance Bks P/L to act as our insurance Broker from the date hereof until further notice in writing rescinding such appointment.*

*This appointment authorizes Capital Mutual Insurance Brokers P/L to undertake the following on our behalf:-*

- 1. Obtain any insurance information they deem necessary from any insurer or insurance intermediary relative to our insurance portfolio.*
- 2. Negotiate with insurers and arrange contracts of insurance in accordance with Our instructions.*
- 3. Undertake and Perform all activities in our name normally performed by a broker On behalf of their clients.*

*It is understood and agreed that this appointment of Capital Mutual Insurance Brokers Pty Ltd overrides any previous appointment we may have made to any other insurance Intermediary.*

Signature

Date:

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Name of person signing appointment

Position:

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