

Letter of Appointment

Client Name

Telephone number

Representing:

PERSONAL

☐

BUSINESS ENTITY/ IES

☐

ID Number

PERSONAL

Postal Address

Physical Address

Existing Insurer

Policy number

BUSINESS

Entity Name/s

Reference No/s

CC, CK, IT

Postal Address

Physical Address

Existing Insurer/s

Policy number/s

1.I hereby appoint **Spectrum Asset Protection***, ("Spectrum")

represented by as my **Insurance Broker**.

- I authorise Spectrum to act behalf of any business or personal entity where I am the authorised signatory. This will include cancellations, amendments, claims and the appointment of new underwriters I have approved and authorised.
- I confirm my right to cancel this instruction at any time in future, in writing, giving at least 30 days notice.
- I note that I am responsible for the accuracy and completeness of all answers provided and that if Spectrum completes or submits an application form on my behalf, I am in agreement with regard to all the details contained therein.
- I agree to advise Spectrum of any material changes to my insurance needs.
- I acknowledge that my premium will include the standard Spectrum broker fee to cover services designed to make the underwriting and claims process more efficient. (A list of these services is available on request)

Client Signature

Date

Spectrum undertakes that all information provided by the client will be kept confidential and will only be disclosed to third parties with the written consent of the client, with the exception of legal requirements and the functioning of the Spectrum legal compliance officer.