



commercial & rural insurance brokers

BROKER AUTHORITY

TO THE INSURERS CONCERNED

This letter confirms that **COMMERCIAL & RURAL INSURANCE BROKERS LTD**

Client to please tick the box that applies

AUTHORITY TO ACT AS YOUR BROKER

Has our authority to act as our insurance brokers effective from / /
date

This authority replaces and revokes any previous authorities given, or implied, to any agent, or broker, previously handling our business and in particular to:

.....

AUTHORITY TO REPORT/OBTAIN A QUOTATION

Has our authority to examine our insurances and to prepare a report and quotation. Please supply the necessary information to allow this to happen.

I/We understand that this is an authority to report and quote only. It is not an authority to act as broker. If this report and quotation supplied is accepted then I/We will sign an "Authority to Act as Broker".

I/We acknowledge that the Insurers with whom you place My/Our general insurance programme will provide consideration to you for doing so. Further, I/We acknowledge that you may also charge a fee for placing My/Our general insurance programme and that this charge will form part of the Total Amount Due. I/We consent to this.

I/We also acknowledge payment is to be made promptly on the date specified in your tax invoice. Should payment not be made by the date specified, I/We acknowledge that My/Our insurance may be cancelled or voided. It is further acknowledged that I/We may be liable for any late payment or collection costs incurred.

I/We further consent to You sending Me/Us commercial electronic messages at any time in the future.

This authority relates to:

Clients Name

Postal Address

Signed: _____

Dated: _____/_____/_____

(Print Name): _____

Designation: _____

Telephone: _____

Email: _____