



To the insurer concerned,

I/We authorise: **Commercial and Rural Insurance Brokers Ltd (C&R Insurance) (C&R)**

Client to tick applicable box

Authority to Report/Obtain Quotation

I/We request you disclose all items in relation to my/our insurance programme (including risk management and claims information) along with all personal information required to evaluate and obtain quotations.

I/We understand this is an authority to report and quote only.

It is not an authority to act as Adviser. If the report and quotation supplied is accepted, then I/we will sign or initial below an “Authority to Act as Adviser”.

Authority to Act as Adviser

To act as my/our Insurance Adviser effective from: / / _____ (signature)

This authority replaces and revokes any previous authorities given, or implied, to any agent, or adviser, previously handling my/our insurance programme.

I/We authorise the disclosure of all items in relation to my/our insurance programme (including risk management and claims information) to C&R.

By signing below, I acknowledge I have read and understand C&R’s Privacy Statement. I authorise C&R to collect, use and disclose my personal information, as described in that statement, and in accordance with the Privacy Act 2020.

If applicable, any persons whose personal information may be disclosed to C&R in connection with any policy/ies by me/us have been or will be made aware C&R may collect their personal information and disclose it to third parties for the purposes of providing or placing and administering my/our policy and have authorised the disclosure.

Full details are set out in our C&R’s [Privacy Statement](#) which along with C&R’s [Terms of Trade](#), is also available on our website: <https://www.crbroker.co.nz/about-us/legal-and-governance>

This authority relates to:

Insured Name(s): _____

Telephone: _____ **Email:** _____

Signature: _____ **Date:** / /
(can be e-signed)