

## **Broker Appointment Authority to Act**

To the Insurers concerned,

This letter confirms that I/We have authorised:

## Hutchison Rodway Limited

to act as our Insurance Brokers effective from \_

This authority relates to:

This authority replaces and revokes any previous Authorities given, or implied, to any Agent or Broker, previously handling our business and in particular to:

Signed:

Dated:

Print Name:

Ph. No.:

The use of the "Authority to Act as Broker" form has been agreed and approved by ICNZ, CIBNZ, IIBA and requires that a copy of this Authority is to be left with the above signatory, in the event that a Broker chooses to use it.

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