**LETTER OF APPOINTMENT**

Elliott Australia Group Pty Ltd T/As Elliott Insurance Brokers

AFSL: 418512 | ABN: 81 153 685 922

Level 1/95 Stirling Highway

NEDLANDS WA 6009

**RE: INSURANCE BROKER APPOINTMENT**

Effective immediately we hereby appoint **Elliott Australia Group Pty Ltd T/As Elliott Insurance Brokers (EAG) ABN: 81 153 685 922, AFSL No: 418512**, as our general insurance broker to manage all insurance requirements for <insert name of client and/or client business to whom you have been appointed>.

We authorise both current and former insurers to provide **EAG** all information which they may request regarding our insurances and claims history over the past **5 years.**

This appointment replaces any existing arrangement in place with any other insurance intermediary.

By signing this Letter of Appointment we confirm that we have been provided with a Financial Services Guide (FSG) and we understand that the FSG contains important information in relation this appointment. We acknowledge that we have **read and agree to the terms and conditions** contained within **EAG’s** FSG.

This appointment relates to the following policies:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Insurer*** | ***Insured*** | ***Policy Class*** | ***Policy Number*** | ***Expiry Date*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I/We confirm I am duly empowered and authorised to sign on behalf of the named insured/s listed above.

Yours faithfully,

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_