

Broker Authority



To the Insurer(s) concerned,

I/We hereby authorise

COMMERCIAL & RURAL INSURANCE BROKERS LTD



Client to tick the appropriate box

Authority to Report / Obtain Quotation

I/We request you release all particulars of My/Our general insurance programme (including risk management and claims information) to them and render any assistance they may require.

I/We further authorise You to obtain and use all necessary information, including personal information, required to enable You on My/Our behalf to consider, evaluate and obtain quotations for My/Our general insurance policies/programme. This includes, but is not limited to, obtaining information from Me/Us, other parties and previous insurers.

I/We agree that You may disclose My/Our personal and all other information collected to other parties for these purposes.

I/We further agree to the personal information You collect being held at Your business premises. I/We acknowledge that under the Privacy Act 1993, I/We have the right to access and request correction of My/Our personal information.

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

Authority to Act as Broker

To act as My/Our Insurance Broker effective from _____ / _____ / _____

I/We request you release all particulars of My/Our general insurance programme (including risk management and claims information) to them and render any assistance they may require.

I/We further authorise You to obtain and use all necessary information, including personal information, required to enable You on My/Our behalf to evaluate, arrange, administer, maintain or alter My/Our general insurance policies/programme and manage all claims. This includes, but is not limited to, obtaining information from Me/Us, other parties and previous insurers.

I/We agree that You may disclose My/Our personal and all other information collected to other parties for these purposes.

I/We further agree to the personal information You collect being held at Your business premises. I/We acknowledge that under the Privacy Act 1993, I/We have the right to access and request correction of My/Our personal information.

This authority replaces and revokes any previous authorities given, or implied, to any agent, or broker, previously handling My/Our general insurance programme and in particular to:

I/We acknowledge that the Insurers with whom You place My/our general insurance programme will provide consideration to You for doing so. I/We further 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 any Tax Invoice. Should payment not be made on the date specified, I/we acknowledge that My/Our insurance may be cancelled or voided. It is further acknowledged, I/We may be liable for any late payment or collection costs incurred.

This authority relates to:

Company Name(s): _____

Physical Location(s): _____

Postal Address: _____

Signature: _____

Date: _____

Name: _____

Position: _____

Telephone: _____

Email: _____