AUTHORITY TO ACT AS BROKER

To the Insurer(s) concerned,

I/We hereby authorise **BrokerWeb Risk Services Ltd**

☐ Authority to Act as Broker with effect from _____/_____/_____

To obtain and use all necessary information, including personal information, required to enable them to arrange, maintain or alter my/our general insurance policies/programme. This includes but is not limited to, obtaining information from previous Insurers and passing it onto Insurers involved in or who may be interested in quoting for and becoming involved in my/our general insurance programme. I/We further request that 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 acknowledge that You will place insurance cover on my/our behalf and I/we are bound by such insurance contracts. 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 acknowledge that Your remuneration may include Investment Income from the handling of premium funds.. 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 also acknowledge payment is to be made promptly on the date specified in any Tax Invoice presented to me/us. 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 that I/we may be liable for any late payment or collection costs incurred.
I/We consent to You sending me/us commercial electronic messages at any time in the future.

This authority replaces and revokes any previous authorities given or implied to any Agent, or Broker, previously handling my/our business.

I/We consent to the above.

This authority relates to:

Client Name(s): _____

Signature: _____

Name: _____

Position: _____

Date: _____