



LETTER OF APPOINTMENT

Appointment of new official care intermediary

TO WHOM IT MAY CONCERN:

We, the undersigned,

_____ **BODY CORPORATE / HOA**

INSURER: _____

POLICY NO: _____

EFFECTIVE DATE: _____

request the financial institutions with whom Addsure has an agency agreement, to indicate them on their records as my/our official care intermediary / broker.

I/we have been properly counseled on the consequences of this letter of appointment.

I/we have been properly introduced and have a statutory letter of introduction on file.

I/we are not aware of any events/occurrences which could lead to a liability claim.

This appointment may be revoked by me/us in writing at any time.

Client signature
(for and behalf of the Body Corporate)

Date