## **Letter of Appointment**

Signature of t	this document below tells	Insurance Company that:
	e appointing a new broker only who will represent	you for the purposes of obtaining a quotation
<ul> <li>If the polyou are to you for the changes carried un responsion had a real to the with all in surveys, only to be sources.</li> <li>This app</li> </ul>	terminating your relationship with your past broke these policies only. You are authorizing this new has in existing insurance policies and in closing, character temporary binders or cover notes. You und sibility for any deficiencies in the insurance programs easonable opportunity to review and to provide you ter also constitutes your authority for	er and have chosen a new broker to represent broker to negotiate directly with respect to anging, increasing and cancelling insurance erstand that this new broker will not share in to which this letter applies until they have u with their recommendations.  Insurance to furnish this new broker in insurance contracts, rates, rating schedules, at they may wish to obtain. This information is ce and will be kept confidential from any other
force unt	ntil cancelled in writing.	
Name of new	ew brokerage: Aaxel Insurance Broke roducer:	ers Ltd.
Effective date of Policy Number	of the appointment: As of Renewal Date-	
Insured/Busine		
Address: Today's Date		
•	ow indicates that: / have read and understar points contained herein': -	nd the intent of this document and
agree to an po	omis contamed herem	
Signature:		
Your Name (pl	elease print):	

Your position :