

LETTER OF APPOINTMENT

Date:

TO WHOM IT MAY CONCERN

This authority appoints **ABBOTT INSURANCE BROKERS LIMITED** as our Insurance Broker and authorises you to release to them, all the details of our insurances underwritten by your Company.

In addition, we understand that in accordance with the "Privacy Act 1993", they may obtain details enabling them to evaluate the insurance cover(s) we require. These details may be presented to various Insurance Companies in order to obtain quotations, claims experience and, on our approval, to place insurance on our behalf. This information may also be supplied to our Solicitor, Accountant or Finance Company.

We acknowledge that the insurers with whom You place our business will provide consideration to You for doing so. We consent to this.

Information obtained will be held by Abbott Insurance Brokers Ltd at Suite 4b, Moorhouse City, Moorhouse Ave, Christchurch and also by the Insurance Companies involved.

Insurance Claims Register

Please note that this authority also allows Abbott Insurance Brokers Limited to obtain from the Insurance Claims Register (ICR Ltd), which holds details of claims made by me/us under policies with other Insurers, personal information about me/us relevant to the placement of the proposed insurance covers.

Yours faithfully

Name:.....

Signature:.....

This authorisation applies to:

.....
.....
.....