

## **BROKER AUTHORITY**

### **TO THE INSURERS CONCERNED**

This letter confirms that:

### **Senator Risk Management NZ**

*(Name of Brokering Firm)*

### **AUTHORITY TO ACT AS OUR BROKER**

Has authority to act as our insurance brokers effective from

- This authority replaces and revokes any previous authorities given, or implied to any agent, or broker, previously handling our business.
- This authority applies to all forms of insurance and associated products including but not limited to Fire and General, Life, Income Protection and Health.
- We acknowledge Senator Risk Management NZ will not be responsible for any errors or omissions in our current insurance programme until such time as these policies fall due and/or a full Risk Analysis has been completed by Senator Risk Management NZ.
- All current insurance policies are to remain in force under current terms until further notice.

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

### **Privacy Act 1993**

This authorizes the disclosure of personal information held by any party regarding previous and current insurances and enables Senator Risk Management NZ to collect this information in order to evaluate the insurances you seek. The intended recipients of the information are Senator Risk Management NZ and the underwriters. You have rights of access to, and correction of, this information.

### **This authority relates to:**

Clients Name:

Signed:

Date:

Name:

Designation: