

**LETTER OF APPOINTMENT**

**Insured Name:** \_\_\_\_\_

**Address :** \_\_\_\_\_  
\_\_\_\_\_

**Policy No(s) :** \_\_\_\_\_  
\_\_\_\_\_

**TO WHOM IT MAY CONCERN**

This letter is to confirm that we have appointed the firm of Joe Vella Insurance Brokers Pty Ltd (ABN 91 074 970 540, AFSL 240035) from the date declared below until further notice in writing rescinding such appointment.

This appointment authorises Joe Vella Insurance Brokers Pty Ltd to undertake the following on our behalf:

1. Obtain any information deemed necessary from any insurer or insurance intermediary relative to our insurance portfolio.
2. Negotiate with insurers and arrange contracts of insurance in accordance with our instructions.
3. Undertake and perform all activities in our name normally performed by a broker on behalf of their clients.

It is understood and agreed the appointment of Joe Vella Insurance Brokers Pty Ltd override any previous appointment we may have made to any other insurance intermediary.

We/I confirm that they will not share responsibility for any deficiencies in our Insurance Program (to which this letter applies) until they have had a reasonable opportunity to make a review and provide their recommendations.

**Date:** \_\_\_\_\_                      **Signature:** \_\_\_\_\_

**Name of Person Signing Appointment:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_