



BROKERS TRUST INSURANCE GROUP INC.

www.brokerstrust.ca

"Since 1963"

Brokers Letter of Authorization

This will confirm that as of _____, We have appointed **Brokers Trust Insurance Group Inc.** as our exclusive insurance broker with respect to the following policy (ies).

Policy: _____ **Original Broker:** _____

Policy: _____ **Original Broker:** _____

The appointment of Brokers Trust Insurance Group Inc. rescinds all previous appointments and the authority contained herein shall remain in full force until cancelled in writing

Brokers Trust Insurance Group Inc. is hereby authorized to negotiate directly with any interested company with respect to changes in existing insurance policies and in closing, changing, increasing, or cancelling insurance carried under temporary binders or cover notes. We understand, however, that they have no responsibility for any deficiencies in the insurance policy (ies) to which this letter applies until they have had a reasonable opportunity to make a review of the policy (ies) and to provide us with their recommendations.

This letter also constitutes your authority to furnish Brokers Trust Insurance Group Inc. representatives with all information they may request as it pertains to our insurance contracts, rates, rating, schedules, surveys, reserves, retention and all other financial data they may wish to obtain for their study of our present and future requirements in connection with the insurance policy (ies) to which this letter applies. We request that you do not communicate such information to anyone else.

We also agree that this letter constitutes our authorization to Brokers Trust Insurance Group Inc. to collect, use and disclose personal information and provide such personal information to third parties, as required, including insurance companies. Brokers Trust Insurance Group Inc. may also be permitted to disclose such personal information pursuant to federal privacy laws or other laws.

Yours truly,

Name (Print): _____ **Name (Print):** _____

Signature: _____ **Signature:** _____

Witness (Print): _____ **Signature:** _____

Date: _____

