

I/We \_\_\_\_\_ (name) confirm that we will be  
self managing the insurance for the following plan / policy effective from \_\_\_\_\_ (date)

Your relationship to the strata plan:

Committee Member      Lot Owner      Other

I am permitted to act on behalf of the plan for all matters relating to the policies listed below.

## POLICIES TO BE TRANSFERRED

POLICY NUMBER	INSURED NAME	DUE DATE
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I am permitted to conduct the following services on behalf of the insured:

- Arranging our general insurance requirements
- Negotiating policy coverage, policy renewal, policy changes and cancellations;
- Arranging statutory insurances as required;
- Attending to correspondence relating to the policy

This appointment replaces any existing arrangement in place with relation to any other insurance intermediary formally appointed to advise on or arrange or negotiate the insurance requirements for the listed policies.

I understand that the requirement to hold the appropriate approvals is the responsibility of the Insured and/or its appointed delegate(s) and that I am accepting the authority on the basis that the signatories have attested to the authority being valid.

Any disputes regarding the letter of appointment must be managed by the insured parties.

We will provide you with all information requested regarding the listed insurance policies.

## AUTHORISED BY

Your Name:

Signature:

Date:

## NEW CORRESPONDANCE DETAILS

Name:

Postal Address:

Email Address:

Phone Number: