

Strata Title Reference:

Insured Address:

Policy Number:

Renewal Date:

I/We

(authorising party)

confirm that

acts on behalf of the noted Strata Title for the insured address, and that the authorising party has the appropriate authority to act on behalf of the Strata Title noted above.

Effective as of (insert date), the authorising party, authorises

(authorised agent) to manage the insurance requirements of the Strata Title.

The authorised agent is permitted to conduct the following services on behalf of the Strata Title:

- Advising in matters relating to risk identification and transfer
- Arranging our general insurance requirements
- Negotiating policy coverage, policy renewal, policy changes and cancellations;
- Reviewing and advising in matters relating to claim circumstances and management;
- Advising in matters relating to risk management;
- Advising and arranging statutory insurances as required;
- Attending to correspondence and the provision of advice as may be required.

- Flex Insurance is to provide the authorised agent with all information they request regarding the Strata Title insurance and claims history.

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

The authorising party understands that the requirement to hold the appropriate approvals is the responsibility of the Strata Title and/or its appointed delegate(s) and that Flex Insurance is accepting the authority on the basis that the signatories have attested to the authority being valid.

Any disputes regarding the letter of authority must be managed by the Strata Title.

Correspondence details Please send all correspondence relating to the insurance to:

Name:

Address:

Phone number:

Email address: