

BROKER AUTHORISATION

_____ (Insured name & surname / Company name)
_____ (Current Insurance Company)
_____ (Policy Number/s)
_____ (Current Broker)

To Whom It May Concern:

We/I authorise our current Insurer(s) to provide Elance Insurance Brokers CC with the following information:

- Complete and updated/most recent Insurance Schedule(s)
- Claims History

This letter does not authorise Elance Insurance Brokers CC to act on behalf of myself or attend to any changes, coverage, renewals or cancellations of my/our current Insurance Policy(s).

This letter does is not a Brokers Appointment.

Yours faithfully

Name & Surname

Signature

Date