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BROKER AUTHORITY

TO THE INSURERS CONCERNED

This letter confirms that:

Senator Risk Management NZ

Name of Broking Firm

AUTHORITY TO REPORT/OBTAIN A QUOTATION

has our authority to examine our insurances and to prepare a report and quotation. Please supply the necessary information to allow this to happen.

I/We understand that this is an authority to report and quote only. It is not an authority to act as broker. If this report and quotation supplied is accepted then I/We will sign an "Authority to Act as Broker".

OR

AUTHORITY TO ACT AS OUR BROKER

Has authority to act as our insurance brokers effective from ____/____/____.

- This authority replaces and revokes any previous authorities given, or implied, to any agent, or broker, previously handling our business.
- This authority applies to all forms of insurance and associated products including but not limited to Fire and General, Life, Income Protection and Health



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We acknowledge that the insurers with whom you place our business will provide consideration to you for doing so. I/We consent to this.

Privacy Act 1993

This authorises the disclosure of personal information held by any party regarding previous and current insurances and enables Senator Risk management NZ to collect this information in order to evaluate the insurance you seek. The intended recipients of the information are Senator Risk Management NZ and selected underwriters. You have rights of access to, and correction of, this information.

This authority relates to:

Clients Name

Postal Address

Signed _____ Date _____

Designation _____

Email _____ (Print Name): _____

Telephone _____