

LETTER OF APPOINTMENT

To whom it may concern

This serves to confirm that I/we hereby appoint _____ as our broker.

Effective Date: _____

| Insured's Name | Insurer | Policy Number |
|----------------|---------|---------------|
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Please forward all relevant and necessary documentation as may be required by _____, should this be requested, to fax number: _____ or e-mail: _____, at your earliest convenience.

Yours faithfully

Insured

Signed at _____ on the _____ day of _____ 20____