



# Letter of appointment

I/We hereby appoint Rothbury Insurance Brokers ('Rothbury') as our general insurance brokers with immediate effect subject to Rothbury's current Terms of Business. This appointment shall continue until such time that it is terminated by either party by giving 30 days written notice. This authority replaces and revokes any previous authorities given, or implied, to any agent, or broker, previously handling our general insurance.

I/We acknowledge that the insurers with whom Rothbury place our insurance may provide consideration to them by way of brokerage equal to a percentage of the insurance premiums we pay. Rothbury may also charge a service margin and document charge (as detailed in the Rothbury Terms of Business).

Rothbury has explained to me/us the range of services to be undertaken by it as my/our insurance broker. Further, Rothbury has explained to me/us the duty of disclosure to insurers, and I/we understand my/our obligations, as follows:

## Mid Term Broker Appointment

As our broker, Rothbury will undertake a review of our insurance programme and will make any necessary changes mid-term in order to deliver a good customer outcome. We outline our reasons for the mid-term review.

REASON FOR REVIEW

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## Duty of disclosure

For an insurer to make an informed assessment of the risk it faces under a contract of insurance, and calculate the premium it should charge, all relevant matters must be disclosed in good faith. This requires me/us to answer any questions the insurer may pose and further disclose all relevant information I/we know or could reasonably be expected to know, which may influence the insurers decision whether to accept a risk of insurance and, if so on what terms and at what premium. I/ we understand the same duty of disclosure applies before any renewal, extension, variation or reinstatement of a contract of general insurance.

## Non-disclosure

I/We understand that failure to comply with the duty of disclosure, may result in the insurer being entitled to avoid liability or reduce liability under the contract in respect of any claim, and may result in termination of the insurance contract.

NAME / NAMES

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COMPANY / COMPANIES

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SIGNED

DATE

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SIGNED

DATE

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PHONE

EMAIL

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POSTAL ADDRESS

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## Terms of Business

I have received the Rothbury Terms of Business

SIGNED

DATE

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