



SHORT TERM INSURANCE: BROKER APPOINTMENT

I, the undersigned, hereby officially appoint **Hennox 503 CC t/a UMA Underwriting Consultants** (_____) as my Broker to act on my behalf in any dealings with a Short-Term Insurer where my/our policy is held, and to render advice and intermediary services in future. Regardless of where the cover is placed, and I further authorise to transfer the risk between Insurers provided that such transfer serves to be beneficial and in my/our interest. I hereby give permission that all my Short-term Insurance and related information be made available to All about Brokers CC to enable them to perform an assessment of my Short-Term Insurance portfolio.

This appointment revokes any existing appointments as **INSURANCE BROKER/S**.

PARTICULARS OF EXISTING SHORT-TERM INSURANCE CONTRACT

Name of Insurer: _____

Policy Number: _____

PARTICULARS OF THE INSURED

Name of Client: _____

ID Number: _____

E-mail address: _____

Address: _____

Hennox 503CC are mandated and authorized to handle all cancellations, amendments, claims and the appointment of new underwriters on my behalf as long as I am notified in advanced in terms of the FAIS Act.

Kindly note that some of the Insurers might do, as part of their risk evaluation, verification of your credit information with the Credit Bureau and possibly enquire and obtain information with regards to your claims history. **(ITC)**

CONSENT TO THE USE OF UNDERWRITING, CLAIMS AND OTHER RELEVANT INFORMATION

You hereby waive any right to privacy in respect of any insurance information provided to you or on your behalf. You allow such information to be disclosed to any other insurance company or its agents. You allow us to verify the information provided by you against other legitimate sources or databases. **(POPI)**

We charge a broker's fee for professional services rendered during underwriting and claims handling of your insurance portfolio as disclosed on your policy contract.

Duly signed at _____ this _____ day of _____
20_____

Signature of CLIENT:

Signature of ADVISOR/INTERMEDIARY