

---

## APPOINTMENT OF BROKER – SHORT TERM INSURANCE

---

DATE

I/We, the undersigned, hereby give permission for the transfer of the following policy/ices to the agency:

**BROKER / AGENT** : **COVER ADMINISTRATION**

**POLICY NUMBER/S** :

I, \_\_\_\_\_ (name of insured) hereby confirm that COVER ADMINISTRATION are authorized to handle all cancellations, amendments, claims and the appointment of new underwriters on my behalf. This appointment revokes any existing appointment as INSURANCE BROKER(S) AND/OR AGENT(S).

This appointment is subject to COVER ADMINISTRATION being entitled to receive payment from the INSURER, after the policy has been placed in the name of the authorized broker and / or agent.

**NAME OF INSURED** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ID NUMBER** \_\_\_\_\_

**TELEPHONE NUMBER/S** \_\_\_\_\_

**CELL PHONE NUMBER/S** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**POLICY NO.** \_\_\_\_\_

SIGNATURE OF INSURED

DATE SIGNED