

**BROKER OF AUTHORIZATION**

The undersigned will be pleased if you will accept this memorandum as your authorization to appoint as of the following named Broker as Broker of Record on my policy:

Holman Insurance Brokers Ltd.  
7050 Woodbine Avenue Suite #400  
Markham, Ontario L3R 4G8

My policy is:

<u>Policy #</u>	<u>Insurance Company</u>	<u>Type of Policy</u>	<u>Renewal Date</u>
.....	.....	.....	.....

The appointment of Holman Insurance Brokers Ltd. rescinds all previous appointments and the authority contained herein shall remain in full force until cancelled in writing.

Holman Insurance Brokers Ltd. is hereby authorized to negotiate directly with any interested insurer as respects to changes in the policies named above, in closing, changing, increasing or cancelling insurance carried under temporary binder or cover notes. I/We understand however, that Holman Insurance Brokers Ltd. will not share responsibility for any deficiencies in the Insurance program to which this letter applies until they have had a reasonable opportunity to make a review and to provide me/us with their recommendations.

This authorization allows you to furnish Holman Insurance Brokers Ltd. representatives with all information they may request as it pertains to policies named above for their study of my present and future requirements in connection with insurance policies to which this authorization applies.

Name of Insured: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

sl