

## LETTER OF AUTHORITY

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**Trading As:**

**Address:**

**Date of Birth:**

**Email Address:**

**Phone Number:**

**JD Life Ltd.** has our authority to examine our insurance and to prepare a report and quotation We agree for JD Life Ltd. to access any client information pertaining to applicable loadings, exclusions, and rationale for these including medical information. I/We understand that this is an authority to report and quote only. It is not an authority to act as a broker. If this report and quotation is acceptable, I/we will sign an "Authority to Act As Broker".

**To make enquires on my/out behalf; and be given copies of any (tick those that apply):**

This appointment remains in full force and effect until cancelled in writing. Please provide information regardless of whether or not they have an Agency with my insurer. This letter also authorizes JD Life Ltd. to obtain from, or disclose to any insurer, insurance broker or other appropriate party any information required to enable them to meet their obligations to us under this appointment. We acknowledge and consent to JD Life Ltd. receiving consideration from the insurers that JD Life Ltd. places our business with.

CLIENT NAME

DATE OF BIRTH

SIGNATURE

DATE

31/01/2017