**LETTER OF APPOINTMENT**

To Whom It May Concern,

Effective from ***{enter date}*** we appoint AR (WA) Pty Ltd t/as ***PSC Insurance Brokers (Perth)*** CAR: 1238950, Corporate Authorised Representative of Professional Services Corporation Pty Ltd AFSL: 305491 to manage all our/my insurance requirements in respect of the following services:

* Advising in matters relating to risk identification and transfer;
* Arranging our **Plantation** insurance requirements;
* Negotiating policy coverage, policy renewal, policy changes and cancellations;
* Reviewing and advising in matters relating to claim circumstances and management;
* Advising in matters relating to risk management;
* Attending to correspondence and the provision of advice as may be required.

We authorise our current insurer(s) to provide ***PSC Insurance Brokers (Perth)***, with all information they request regarding our insurances and claims history.

This appointment replaces any existing arrangement in place between us and any other insurance intermediary formally appointed to advise on or arrange or negotiate our insurance requirements as described above.

A Financial Services Guide (FSG) has been provided and we understand that this document contains important information in relation to ***PSC Insurance Brokers (Perth)***, and any Authorised Representatives including:

* Status as a licensed financial service provider;
* Scope of services offered;
* Disclosure obligations on your part and ours;
* Potential conflicts of interest that PSC may have in their dealings with insurers and other service providers;
* Procedures for renewal of our insurances;
* Terms for payment of the premiums;
* Commissions and fees policy in the event of cancellations;
* Professional indemnity insurance arrangements;
* Internal and external complaints resolution procedures and Privacy Policy.

**Electronic Consent -** To aid the speed and efficiency of services provided, we consent to receiving our insurance documentation electronically via email.  This includes invoices, policy wordings, our Financial Services Guide and other documents associated with our insurance programme.

We agree that the Licensee and/or Authorised Representative can rely on this consent to communicate with us by electronic mail (“e-mail”) to the e-mail address that we have provided.

By giving this consent, we acknowledge that the Licensee and/or Authorised Representative are no longer required to send our notices or other documents in paper form for our Insurance Portfolio unless requested by us. We understand that we can withdraw our consent to receive electronic documents, notices or disclosures at any time in writing.

Yours faithfully,

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_