



AIM Associates Ltd  
Insurance Brokers

## Authority to Act as Broker

To the insurers concerned

This letter confirms that I/we have authorized **AIM ASSOCIATES LTD** to act as my/our insurance broker immediately.

This relates to (Company name if applicable) \_\_\_\_\_

(Personal name (s) if applicable) \_\_\_\_\_

of (address): \_\_\_\_\_

This authority replaces and revokes any previous authorities given, or implied, to any agent or broker previously handling our business and in particular to:

\_\_\_\_\_  
(Name of agent, broker or insurance company)

Please transfer my/our business as he directs and provide him with any information or assistance as he may request.

Signed by: \_\_\_\_\_ Date \_\_\_\_\_

Name: (Please print) \_\_\_\_\_

Address \_\_\_\_\_  
(If different from above) \_\_\_\_\_

Pursuant to the Privacy Act 1993, the following is brought to your attention:

- a) This authorization letter enables Aim Associates Ltd. to collect information about you,
- b) The information is collected to evaluate the insurance risk you seek,
- c) The recipient of the information is Aim Associates Ltd.
- d) The information is being collected and held by Aim Associates Ltd.
- e) This authorization letter enables Aim Associates Ltd. to distribute information to interested parties for the purpose of risk evaluation, underwriting or the noting of financial interest
- f) You have rights of access to, of correction of, this information subject to the provisions of the Privacy Act 1993.

