

To whom it may concern,

Effective from [ ] / [ ] / [ ] we/I appoint Master Builders Insurance Brokers to manage all our/my insurance requirements as agreed.

We/I authorise our insurer(s) past or present to provide Master Builders Insurance Brokers and/or its representatives with all information they request regarding our/my insurances and claims history.

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

This appointment is invalid if the insurances have not been arranged by the insurance broker appointed by this letter or if this letter is not submitted to the insurers within 90 days of the effective date described.

Yours sincerely,

Full Name

Date [ ] / [ ] / [ ]

Title / Capacity of the company's representative

Signed



*Your Industry Specialists*

Master Builders  
Insurance Brokers Pty Ltd

ABN 17 110 143 550  
AFSL 281729

Ph: 1800 150 888  
[mbib.com.au](http://mbib.com.au)

## SUBMITTING THIS APPLICATION

Please sign the declaration above and fax or scan and email the form to the relevant state office below.

	VIC	NSW	SA	WA
Fax:	03 9417 7931	02 9571 9940	08 8211 8566	08 9486 7021
Email:	<a href="mailto:vic.insurance@mbib.com.au">vic.insurance@mbib.com.au</a>	<a href="mailto:nsw.insurance@mbib.com.au">nsw.insurance@mbib.com.au</a>	<a href="mailto:sa.insurance@mbib.com.au">sa.insurance@mbib.com.au</a>	<a href="mailto:wa.insurance@mbib.com.au">wa.insurance@mbib.com.au</a>
	QLD	TAS	ACT	NT
Fax:	03 9417 7931	03 6210 2050	02 6280 9118	08 8984 4391
Email:	<a href="mailto:vic.insurance@mbib.com.au">vic.insurance@mbib.com.au</a>	<a href="mailto:glen@mbatas.org.au">glen@mbatas.org.au</a>	<a href="mailto:act.insurance@mbib.com.au">act.insurance@mbib.com.au</a>	<a href="mailto:karl.tester@naib.com.au">karl.tester@naib.com.au</a>