

**BROKER RECORD OF APPOINTMENT**

To Insurer: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_

Dear Sir/Madam:

I, the company, \_\_\_\_\_  
Name of Company

Of \_\_\_\_\_  
Insured Address (if applicable)

hereby appoint Capstone Insurance Services Ltd. of Richmond, British Columbia, as  
our Broker of Record effective the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

This authorization of appointment supersedes all other appointments given or inferred  
and shall remain in effect until cancelled in writing by either party named herein.

Capstone Insurance Services Ltd. is hereby authorized to obtain any and all information, including  
loss information and copies of policies, as may be deemed necessary by Capstone Insurance  
Services Ltd., to act in their capacity as Broker.

It is expressly understood and agreed that Capstone Insurance Services Ltd. assumes no  
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 their recommendations. It is also  
expressly understood and agreed that the Broker of Record assumes no liability for any outstanding  
premiums or commissions.

I am providing personal information of the listed applicants to apply for insurance. The personal  
information collected will be used for the purpose of this application or any renewal or change in  
coverage.

If any other individuals wish to provide their consent with respect to the use of their credit  
information, they may provide their consent by also signing below.  
I may obtain a copy or ask questions about my broker's, agent's or insurer's personal information  
policies by contacting their respective privacy officers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Date

**BY SIGNING THIS LETTER, YOU ARE CHANGING YOUR INSURANCE BROKER**