



Capstone Insurance Services Ltd.

Unit 1155 - 4380 No. 3 Road, Richmond, BC V6X 3V7

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Fax: (604) 718-9039

Email: info@capstoneins.ca

BROKER RECORD OF APPOINTMENT

To: _____

Policy Type: _____

Policy Number: _____

Dear Sir/Madam:

I/We _____ / _____ / _____
Name of Insured(s) Name of Insured(s) Name of Insured(s)

Of _____
Property Address

hereby appoint Capstone Insurance Services Ltd. o/a Admiral Insurance Services (Capstone) 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. o/a Admiral Insurance Services (Capstone) 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. o/a Admiral Insurance Services (Capstone), to act in their capacity as Broker.

It is expressly understood and agreed that Capstone Insurance Services Ltd. o/a Admiral Insurance Services (Capstone) 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.

Name of Insured(s)
or person authorized to sign

Name of Insured(s)
or person authorized to sign

Name of Insured(s)
or person authorized to sign

Signature

Signature

Signature

Date

Date

Date

BY SIGNING THIS LETTER YOU ARE CHANGING YOUR INSURANCE BROKER