

Hammond Napier Insurance Services
PO Box 1378
KALAMUNDA WA 6926

To Whom It May Concern

Letter of Appointment

Following our discussions we confirm our request that you act as our insurance brokers in regard to insurances on which we have agreed. We consider it to be in our mutual interest that the basis upon which you act for us is clearly understood and agreed.

Accordingly we confirm our agreement to your standard terms which are set out below:

1. You/your refers to The Swales Barton Trading Company Pty Ltd ATFT Spartan Shield Unit Trust T/As Hammond Napier Insurance Services (HNIS) ABN 23 763 600 698. HNIS is an Authorised Representative (No. 310751) of Elliott Australia Group Pty Ltd AFSL 418512.
2. The term of your appointment is from until terminated in writing by you or us.
3. All insurance premiums, fees and any other charges of whatsoever nature properly effected by you on our behalf shall be promptly paid by us within (30) days from the date of your invoices or as otherwise agreed with you in writing. We understand that in accordance with the Insurance (Agents and Brokers) Act 1984, failure to pay premiums within specified periods allows our insurance company to cancel insurance with 3 working days notice.
4. You are authorised to accept on our behalf any claims monies, or any other monies which may from time to time be owing or due to us from insurance or any other such related companies and we authorise you to satisfy, out of such monies, any premiums and any properly incurred sums as may then be due and owing by us to you.
5. Unless instructed to the contrary, any policy effected by you (on our behalf) and which is of a renewable nature is to be renewed by you on our behalf.
6. We shall pay in full all stated fees in respect of all insurances arranged by you on our behalf. Such fees are not to be apportioned pro-rata in the event of cancellation of policies mid-term that are not replaced through yourselves.
7. That your charges will include premiums, fire brigade charges, stamp duty, goods and services tax and your fees which may be in addition to you receiving brokerage from the insurers.
8. If any of these terms of appointment be repugnant to any extent to any legislation, such terms shall be void to that extent but no further.

I/We being duly empowered and authorised agree to accept the aforesaid terms and conditions.

Name

Position

Company

Signature Date

I/We authorise all current and future correspondence to be delivered to me via email, where possible:

☐ Please tick to confirm, and provide email: