

APPOINTMENT AS BROKER -

I / We (full name in block letters) _____
hereby appoint **FNB INSURANCE BROKERS** (Bedfordview Branch) as my/our Broker to arrange, manage and maintain my/our Medical Malpractice / Professional Indemnity as mutually agreed upon from time to time. This appointment is specific, solely and only for the Medical Malpractice / Professional Indemnity Insurance and excludes any other role as broker for any other form of insurance.

I/ We accept that: -

1. This appointment revokes any existing Medical Malpractice / Professional Indemnity Insurance appointments.
2. It excludes, is not applicable to and does not have any bearing on or revoke any other broker appointment for any other insurance what so ever.
3. **FNB INSURANCE BROKERS** (Bedfordview Branch) shall execute this mandate with reasonable care and expertise.
4. Any change in respect of the risk, underwriting of personal information relevant to the Medical Malpractice / Professional Indemnity insurance will be disclosed to **FNB INSURANCE BROKERS** (Bedfordview Branch) as soon as possible and that **FNB INSURANCE BROKERS** (Bedfordview Branch) will not be liable for any damage resulting from my/our breach of this duty.

Signed _____ Date _____

Details of insured:

Name in Full: _____ ID Number: _____

Company Name: _____

Company Number: _____ VAT Number: _____

Telephone number (W) _____ (H) _____

Mobile number _____

E-mail address: _____

Fax number (W / H) _____

Risk Address: _____

Postal Address: _____

Current Insurance:

Name of insurer(s) _____

Policy number (s) _____ Professional Indemnity /Medical Malpractice Insurance