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LETTER OF AUTHORITY

TO WHOM IT MAY CONCERN:

1. Authorization to request information.

We the undersigned,

Representing: _____ **BODY CORPORATE**

Existing Insurer / Policy No.: _____

Managed by: _____

M/Agent Tel. No. / e-mail: _____

hereby authorize Addsure or any member of their staff to obtain any information on our behalf regarding my/our insurance – buildings combined policy – current position and historic information.

This authorization shall remain valid until cancelled by us in writing.

Client signature
(for and behalf of BODY CORPORATE)

Date
