

(Header: your company name, address, phone number, ABN number, etc.)

Letter of Authority

Date:

To whom it may concern,

This letter is to confirm that we have appointed **My WorkCover Solutions Pty Ltd** to act as our Authorised Representative/Consultant to view our Workers Compensation program.

Legal Entity Name:

ABN:

Policy Number:

Name of Insurer:

This appointment allows **myWorkCover Solutions** to undertake but not limited to the following on our behalf:

1. Obtain any information they deem necessary from any Insurer, Insurance Broker, and/or Insurance Agent relative to our current or past insurance covers.
2. Excess to all related information - premium, remuneration, and claims records
3. Undertake & perform any other activities on our behalf that would normally be performed by an Insurance Broker/Consultant on behalf of their clients.

We understand that this appointment of **myWorkCover Solutions** will over-rides any previous appointments that we may have made to any other insurance intermediaries.

Yours Sincerely,

Name & Signature
Position