



Industrial Insurance Group Belgium NV - SA®

Broker appointment

Policyholder: _____

Address: _____

Town/city: _____

Date: _____

Dear Mr, Mrs,

I hereby appoint the broker whose details are stated below as sole broker for my insurance portfolio.

Insurance policy	Policy number	Expiry date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Town/city: _____

Name of signatory: _____

Signature: _____