

To Whom It May Concern,

Appointment of Insurance Broker

Policy No.:

Insured:

We/I hereby confirm that Sun Flower Insurance Brokers Limited is our/my exclusive broker to review and examine our/ my existing insurance policies and arrange all new and renewal policies on behalf of our/my interest.

May all insurance companies cooperate with Sun Flower Insurance Brokers Limited on handling insurance quotation and placing order for us. Meanwhile, please provide all relevant documents and information of current policies, renewal notices and claims to Sun Flower Insurance Brokers Limited upon receipt of this letter.

This supercedes all our/my previous appointment letter.

Yours faithfully,

Authorized Signature with Company Chop (if any)

Full name with title (if any)

Date: