

Broker appointment

Please complete this form if you wish to appoint a broker to act on your behalf, and return to Atradius at the address below.

Please complete in black ink.

1. Company Details

Company name

Your policy number

Your customer number

Your proposal dated

2. Broker Details

Broker name

Address

3. Your understanding and agreement

We understand that the broker is not the agent of the insurer, and has no authority to act for or commit you in any way. In particular, if the premium is paid through the broker, we understand that receipt of premium by the broker is not deemed to be receipt by the insurer.

Signed

Name

Position in company

Date