

NOTE : MUST BE ON YOUR LETTERHEAD

DATED : ____ / ____ / ____

(SPECIFIC POLICY TYPE) Policy – with (INSURER NAME)

Policy Number : (ABC / 999999999)

Please accept this as my formal written and express authority for the above policy to be transferred to the agency of the brokers detailed below, with immediate effect :

NG Insurance Services Limited
1st Floor
1&2 Stangate House
Stanwell Road
Penarth
Vale of Glamorgan.

CF64 2AA.

Please ensure that from this point forward they are given every assistance in the management of our business and that all renewals, mid-term adjustments, documents and correspondence are forwarded to them for their attention.

Yours faithfully,

Mr / Mrs / Ms A N Other
Proprietor / Director / Principal ***(as appropriate)