

**NOTE : MUST BE ON YOUR LETTERHEAD**

DATED : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Policy Number : ( ABC / 999999999 )**

Please accept this as my express and written authority for you to release a full claims experience for the last five years to the brokers detailed below with immediate effect :

NG Insurance Services Limited  
1<sup>st</sup> 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 this matter.

Yours faithfully,

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