

## Letter of Appointment (LOA) - Business Policy transfer EXAMPLE

<INSERT COMPANY LETTERHEAD>

### LETTER OF APPOINTMENT

Wednesday 28th October

To whom it may concern,

Effective from Wednesday 28th October 2020 we appoint <Insert Intermediary name> to manage the following insurance policies;

POLICY	DUE DATE	POLICY NUMBER	INSURER
Public and Products Liability	30/11/2020	<Insert Policy number>	QBE

We authorise our current insurers to provide <Insert Intermediary Name> with all of the information they request regarding our insurances and claims history in respect to those relevant classes of insurance.

Yours faithfully,

**Signature:** <Insert signature >

**Name:** <Insert Name>

**Title:** <Insert Title>

If the insured does not have a Company Letterhead, please refer to the email for accepted substitutes

Must have the words 'Letter of Appointment'

Must have 'effective from date'

Must have 'Policy number'

Must have 'Signature'

Must have 'Name'

Must have 'Title'

## Letter of Appointment (LOA) – NON-Business Policy transfer EXAMPLE

### LETTER OF APPOINTMENT

Wednesday 28th October

To whom it may concern,

Effective Wednesday 28th October 2020 <Insert Intermediary name> has appointed <Insert name> to manage all my / our insurance requirements as agreed.

I/We acknowledge that the applicable Insurance Product Disclosure Statement (PDS) / Policy Wording will be that arranged by our newly appointed Insurance Adviser, effective from the date of this letter of appointment.

I / We authorise our insurers to provide our newly appointed Insurance Broker with any of the following information on our behalf:

- Obtain any information necessary from any insurer or insurance intermediary in relation to our insurance portfolio. This includes policy wordings, terms, special conditions, rates, schedules, surveys, retentions, all claim details and experience and any other financial data required for the review of our present and future requirements.
- Negotiate with insurers and arrange contracts of insurance in accordance with our instructions

INSURER	POLICY NUMBER	DUE DATE
QBE	<Insert Policy number>	30/11/2020

I / We understand and agree that this letter of appointment overrides any previous appointment we may have made to any other Insurance Adviser.

**Client Name:** <Insert Client Name>

**Title:** Owner / Insured

**Signature:** < Insert signature >

**Date:** <Insert Date>

**Office Use Only:** This section must be completed by the new "appointed" Insurance Adviser.

Insurance Adviser Name	Account Name

Must have the words 'Letter of Appointment'

Must have 'effective from date'

Must have 'effective from date'

Must have 'Policy number'

Must have 'Name'

Must have 'Title'

Must have 'Signature'

Must have 'Date'