

Letter of Appointment (LOA) - Business Policy transfer EXAMPLE

<INSERT COMPANY LETTERHEAD>

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

LETTER OF APPOINTMENT

Must have the words 'Letter of Appointment'

Wednesday 28th October

To whom it may concern,

Must have 'effective from date'

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

Must have 'Policy number'

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 >

Must have 'Signature'

Name: <Insert Name>

Must have 'Name'

Title: <Insert Title>

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'