



Please complete the following form and return this to your insurance adviser or send it to:  
[EVP@limestreetbrokers.com](mailto:EVP@limestreetbrokers.com)

Insurance provider:	
Date of appointment given:	
Group risk schemes:	
Scheme numbers (policy numbers):	
Scheme renewal date:	

**Letter of Appointment**

Please accept this as confirmation that Lime Street Insurance Brokers. has been appointed to our schemes noted above with immediate effect.

Please therefore give them your fullest co-operation, including the provision of any information that they may require, my brokers contact details can be found at the bottom of this form.

Yours sincerely,

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Authorised signatory

Print Name & Title	
Capacity (Job Role / Position)	

**To be completed by intermediary**

Intermediary agency number:	
Intermediary name:	
Intermediary signature:	

**To actioned by insurer – please send scheme details to:**

Brokers name:	
Email:	