



Please complete the following form and return this to your insurance adviser or send it to:
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:	