



Letter of Assignment (Internal – Broker to Broker)

To: Source

From: (Policy Holder's Name)

Date of Birth: / /

Policy Type: Household / ASU / Let Property *
(* delete as appropriate)

Address of Property covered:

.....

..... Post Code:

Client ID or Policy Number:.....

Insurer:.....

Renewal Date: / /

This letter authorises and instructs you to transfer the servicing of my insurance policy

to:.....(Broker's Name)

Broker ID:

Company Name:

Company Address:

.....Post Code:

From:(Holding Broker's Name)

Policy Holder's Signature:

Date: / /

Please return the completed form to: Source Insurance Limited, Drake House Plymouth Road, Penarth,
Vale of Glamorgan, CF64 3TP or Fax it to us on (029) 2035 0417

Alternatively you can scan this document and e-mail it to: accounts@sourceinsurance.co.uk

If you have any queries please contact us on (029) 2026 5201