

Letter of Assignment

(Internal - Broker to Broker)

To: (Insurance Company)	
From: (1st Policy Holder's name)	
Date of Birth:	
From: (2nd Policy Holder's name)	
Date of Birth	
Policy Type: (Household, Let Property or ASU)	
Details of the Policy being transferred: Address of property covered -	
	Postcode:
Contact telephone number: (Policy Holder)	
Email Address: (Policy Holder)	
Client ID or Policy Number:	
Renewal Date:	
Current (holding) Broker Name:	
This letter authorizes and instructs you to transfer the servicing of my insurance policy to:	
Broker ID:	Broker Name:
Company Name:	
Company Address:	
	Postcode:
1st Policy Holder's Signature:	
2nd Policy Holder's Signature:	
Date:	

Please return the completed form to: Source Insurance, Global Reach, Dunleavy Drive, Cardiff, CF11 0SN or fax it to us on (029) 2070 4455 If you have any queries please contact us on (029) 20 265 265 or email broker.relationships@thesource.co.uk