PLEASE COMPLETE ON YOUR FIRM’S HEADED PAPER

To whom it may concern,

**Broker’s Letter of Appointment**

This confirms that with immediate effect \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_appoint
Lockton Professions as our exclusive insurance broker with respect to our Professional Indemnity Insurance programme, and instruct them to approach all Qualifying Insurers on our behalf.

This appointment rescinds all previous appointments and the authority contained herein shall remain in full force until cancelled in writing.

Lockton Professions is hereby authorised to negotiate directly with the listed insurance companies in respect of our insurance needs. This appointment shall not, however, impose on them the responsibility for collection of unpaid premium, nor for refund of commissions or fees collected by the previously appointed broker, unless by prior written agreement, nor for any deficiencies in our insurance programme to which this letter applies, until they have had a reasonable opportunity to make a programme review and provide us with their recommendations.

SIGNED………………………………………………………………………………………

NAME…………………………………………………………………………………………

DESIGNATION……………………………………………………………………………….

DATE………………………………………………………………………………………….