



DATE

The Manager  
Addsure  
PO Box 963  
Milnerton  
7435

Dear Sir / Madam

**REQUEST FOR QUOTE**

NAME OF BODY CORPORATE

STREET ADDRESS

CONTACT NAME

CONTACT PHONE / EMAIL

PRESENT INSURER

PRESENT POLICY NUMBER

We also enclose (tick whatever you are able to enclose)

PQ Schedule (last page of sectional plan)

Sectional Plan (if available)

Present Policy Schedule (Addsure can usually obtain this)

Present Claims History (Addsure can usually obtain this)

Copy of most recent valuation (if available)

Budget and Financials for Fidelity Calculation (if available)

HEAD OFFICE CAPE TOWN (021) 551 5069 -ALSO IN GAUTENG AND KZN :

EMAIL [BCORP@ADDSURE.CO.ZA](mailto:BCORP@ADDSURE.CO.ZA)

WEB [WWW.ADDSURE.CO.ZA](http://WWW.ADDSURE.CO.ZA)

AUTHORISED FINNACIAL SERVICES PROVIDER – F.S.B. LICENCE NO. : 15269



**Head Office**  
Tel.: +27 (0)21 551 5069  
bcorp@addsure.co.za

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## ***LETTER OF AUTHORITY***

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### **TO WHOM IT MAY CONCERN:**

#### **1. Authorization to request information.**

We the undersigned,

Representing: \_\_\_\_\_ **BODY CORPORATE / HOA**

Existing Insurer / Policy No.: \_\_\_\_\_

Managed by: \_\_\_\_\_

M/Agent Tel. No. / e-mail: \_\_\_\_\_

hereby authorize Addsure or any member of their staff to obtain any information on our behalf regarding my/our insurance – buildings combined policy – current position and historic information.

**This authorization shall remain valid until cancelled by us in writing.**

\_\_\_\_\_  
**Client signature**

(for and behalf of BODY CORPORATE / HOA)

\_\_\_\_\_  
**Date**

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