



DATE

The Manager
Addsure
PO Box 963
Milnerton
7435

Dear Sir / Madam

REQUEST FOR QUOTE

NAME OF HOA

STREET ADDRESS

CONTACT NAME

CONTACT PHONE / EMAIL

PRESENT INSURER

PRESENT POLICY NUMBER

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

Copy of Constitution or MOI documents (to check insurance requirements, if any)

Layout Plan of the Common Areas (if available)

Present Policy Schedule (Addsure can normally obtain this)

Present Claims History (Addsure can usually obtain this)

Copy of most recent valuation (if available)

Latest Financials and Budget for Fidelity calculations (if available)

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

EMAIL BCORP@ADDSURE.CO.ZA WEB 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

LETTER OF AUTHORITY

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
