



DATE

The Manager  
Addsure  
PO Box 963  
Milnerton  
7435

Dear Sir / Madam

**REQUEST FOR QUOTE**

NAME

STREET ADDRESS

CONTACT NAME

CONTACT PHONE / EMAIL

PRESENT INSURER

PRESENT POLICY NUMBER

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

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Present Policy Schedule

Present Claims History (Addsure can usually obtain this)

Other

I / we hereby authorise Addsure or any member of their staff to obtain any information on our behalf regarding my/our insurance policies in our name.

This authority is to remain in force until cancelled by me / us in writing

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Client Signature / for and behalf of