

PO Box 13206 Cascades 3202 9 Ashmore Road Chase Valley Heights Pietermaritzburg 3201 Tel: (033) 347 3775

Fax: (033) 347 5771
E-mail: info@coveradmin.co.za
Reg. No. 2007/163096/23
An authorized financial services provider

BROKER'S ENQUIRY

DATE

I/We hereby authorize COVER ADMINISTRATION access to any and all information regarding my/our insurance policy/ies.

| Accordingly, please supply COVER ADMINISTRATION with any ir copies of documents. | nformation they require, including |
|--|------------------------------------|
| Yours sincerely, | |
| | |
| SIGNATURE OF INSURED | |
| NAME OF CONTACT PERSON | |
| NAME OF INSURED (as reflected on policy) | |
| | |
| | |
| | |
| NAME OF INSURER | |
| POLICY NO | |