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## BROKER'S ENQUIRY

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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 information they require, including copies of documents.

Yours sincerely,

  
**SIGNATURE OF INSURED**

**NAME OF CONTACT PERSON** \_\_\_\_\_  
**NAME OF INSURED (as reflected on policy)** \_\_\_\_\_  
\_\_\_\_\_  
**ID NO.** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
**CONTACT NO.** \_\_\_\_\_  
**NAME OF INSURER** \_\_\_\_\_  
**POLICY NO.** \_\_\_\_\_