



DATE

The Manager  
Addsure  
PO Box 963  
Milnerton  
7435

Dear Sir / Madam

**REQUEST FOR STILUS LEVY GUARANTEE QUOTE**

NAME OF COMMUNITY SCHEME

STREET ADDRESS

CONTACT NAME & PHONE NUMBER

NUMBER OF UNITS

BUILDINGS INSURER AND POLICY NO

PRESENT SUM INSURED

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

Present Policy Schedule

PQ Schedule (if applicable)

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

\_\_\_\_\_  
Client Signature / for and behalf of