



DATE

The Manager  
Addsure  
PO Box 963  
Milnerton  
7435

Dear Sir / Madam

**REQUEST FOR QUOTE**

NAME OF BODY CORPORATE

STREET ADDRESS

CONTACT NAME

CONTACT PHONE / EMAIL

PRESENT INSURER

PRESENT POLICY NUMBER

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

PQ Schedule (last page of sectional plan)

Sectional Plan

Present Policy Schedule

Present Claims History (Addsure can usually obtain this)

Copy of most recent valuation

How are the body corporate's bank accounts structured?  
Own Bank Account  Trust Account (own)  Trust Account (MA bulk)



**Western Cape**  
Tel.: +27 (0)21 551 5069  
info@addsure.co.za

**Gauteng**  
Tel.: +27 (0)11 704 3858  
rian@addsure.co.za

**KwaZulu Natal**  
Tel.: +27 (0)31 459 1795  
bruce@addsure.co.za

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## ***LETTER OF AUTHORITY***

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### **TO WHOM IT MAY CONCERN:**

#### **1. Authorization to request information.**

We the undersigned,

Representing: \_\_\_\_\_ **BODY CORPORATE**

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.**

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**Client signature**  
(for and behalf of BODY CORPORATE)

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**Date**

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