

MANDATE

I/We hereby authorise Safe Way Risk Solutions to obtain all information regarding our short term insurance portfolio e.g. Insurance history and claims experience etc.

This is not an Insurance Contract

| Insured | |
|-----------------|--|
| Insured I.D | |
| Current Insurer | |
| Policy number | |

| Spouse/ partner I.D | |
|---------------------|--|

| Previous Insurers/ Brokers | Policy number | Contact details |
|-------------------------------|---------------|-----------------|
| | | |
| | | |
| | | |

Risk address

| Has any Insurer ever declined to accept, refused to renew or imposed | | No |
|--|--|----|
| special terms for any insurance for which proposal is being made? | | |

Signature of insured

Signature of Spouse/Partner

...... of.......20......

.....

Date