

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......

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Date