

## **INSURAZO RISK PARTNERS EXCESS WAIVER PROPOSAL FORM**

**REGISTRATION NUMBER:** 2019/135425/07

**VAT NUMBER:** TBA

**FSP NUMBER:** 51413

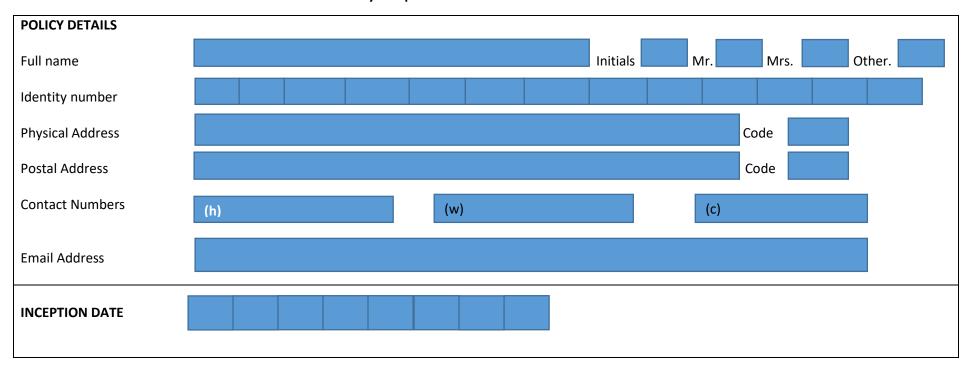
PHYSICAL AND POSTAL ADDRESS: 29 BLYDE AVENUE, WILROPARK

EXT.5, ROODEPOORT, 1724

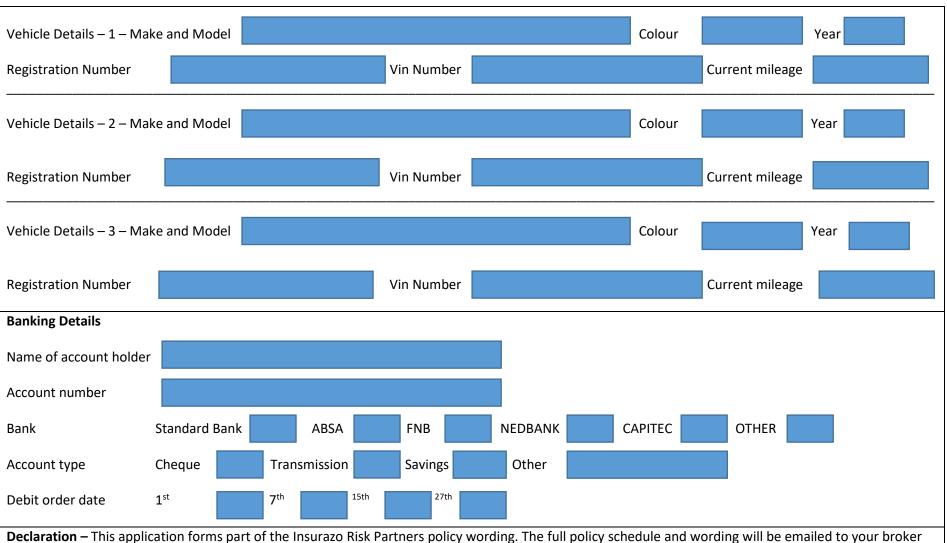
**CONTACT NUMBER:** 072 556 5741

EMAIL ADDRESS: info@insurazoriskpartners.co.za

## Kindly complete all details in CAPITAL LETTERS



UNDERLYING INSURANCE POLICY DETAILS									
Insurance Company									
Policy Number									
Expiry Date of the policy									
PRODUCT DETAILS									
Sectional Title (Residential) Body Cor	porate								
Geyser – Maximum limit R10 000.00 per unit	Option 1 – Up to 20 units – Rate 12%		Jp to 50 units te 10%	Option 3 – Up to units – Rate 7.		Option 1 – Units 100 and above - Rate 5%			
Domestic Non-motor – Maxim limit R10 000.00	Only One Option – Monthly Premium R75.00								
NB. Policy limits are annual limits and reduces as claims are submitted and includes 1 x reinstatement.									
Motor – own damage / windscreen									
/ theft & hijack – select the option									
as per your requirements by a <b>X</b>									
	Option 1 – Maximum Limit Option 1		Option 2 – Maximum Limit		Optio	Option 3 – Maximum Limit			
	R10 000.00 – Monthly Prem R125.00 per vehicle				.00 – Monthly Premium 265.00 per vehicle				



**Declaration** – This application forms part of the Insurazo Risk Partners policy wording. The full policy schedule and wording will be emailed to your broker on acceptance of our quote. By completing and signing this application form as acceptance of our quote, you confirm that you are the account holder and that you provide us permission to debit your account.

Signature: