

CLIENT MANDATE TO FNB INSURANCE BROKERS

I / We (full name in block letters) _____
hereby authorize **FNB INSURANCE BROKERS** to obtain the following from my / our
current insurer to furnish me / us with a report and quotation in respect of my / our short term
insurance needs :

1. Full set of copies of current short term policy schedules
2. Summary of claims history
3. Renewal terms / rates / premiums / excesses

OR

I/ We (full name in block letters) _____

Hereby mandate **FNB INSURANCE BROKERS** to provide a quotation on my/our short term
insurance portfolio as mutually agreed upon.

This mandate is applicable to the following short term insurance cover: **Only for**

Professional Indemnity cover for Psychologists

Any change in respect of the risk, underwriting of personal information relevant to the insurance will
be disclosed to **FNB INSURANCE BROKERS** as soon as possible and that **FNB INSURANCE
BROKERS** will not be liable for any damage resulting from my/our breach of this duty.

Signed _____ Date _____

ID nr / Designation (if business) _____
Company Registration Number _____
Country of Birth _____

Details of insured:

Postal address: _____

Telephone number (W) _____ (H) _____

E-mail address: _____

Fax number (W / H) _____

Current Insurance:

Name of insurer(s) _____

Policy number (s) _____