



Client Name

Business Insurance

Domestic Insurance

Proposal / Renewal / Quotation

Needs Analysis

I confirm that a full needs analysis of my/our personal/company insurance was discussed with the First International Accounts Executive.

All the attached covers as listed on the summary were discussed and I have elected, as the insured, to select only the cover/s that have been stated and reflected on the attached summary of covers.

I confirm that I have had the following claims in the past five years which have been claimed for:

Date of loss	Brief description of incident	Value of claim	Recovery success (Y/N)

(Please use extra paper if necessary, and sign and date the extra page disclosing all claims).

I confirm that I have had the following losses in the past five years which I have not claimed for:

Date of loss	Brief description of incident	Value of claim

(Please use extra paper if necessary, and sign and date the extra page disclosing all claims).

I confirm that I have disclosed all losses as listed above/and attached, during the period of 2009 to

Signature of insured:

Designation (if applicable):

Date of signature:

Accounts Executive/Marketer: **Mrs Ena Vermeulen**

Date:

Postal Address.
Postnet Suite #L19
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0040

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Directors.
Mrs. Patrizia Scott MD
Dr. Gerrit Sandrock