

DEBIT ORDER FORM



MONTHLY DEBITS (Please complete and sign this section if you want to pay monthly and ensure all questions are answered correctly)										
I accept the insurance and authorize to deduct the amount of the premium for this insurance from my account and to pay it over to (the insurer).										
BANKING DETAILS										
Name of Bank										
Branch Code										
Account Number										
Payer's Account Name										
Type of Account										
Deduction Date		1 st	2 nd		7 th		15th			
Signature of	Payer									
DECLARATION										
	ou or the Company ons imposed?	had your insurance policies cancelled, renewal refused, renewal not invited or had special					YES	NO		
						1				
-	ou or the Company	suffered any losses during the					YES	NO		
Year		Description of loss			Insurance Company Ame		Amo	ount		
3. Has any director or Member of your Company been convicted of any offence or been involved in any civil / criminal litigation in the past 3 years?				n any civil / criminal		YES	NO			
4. Have y	ou or the company	been previously insured or is there a current policy in force?				YES	NO			
		<u> </u>	rementioned questions and if							
	it the answers given that should be com		not know of any material facts	s even ind	ough specific question	ons add	out them hav	ve not		
I have never been refused insurance for the risk I now wish to insure nor have I had any policy in which I have or had an interest cancelled or restricted. The person completing this request and proposal on my behalf, does so as my agent										
I AGREE THAT this request to quote and the proposal shall be the basis of the contract between the insurer and myself										
I UNDERSTAND THAT this insurance will not start until the insurers have accepted this proposal										
If you are unable to sign this declaration without qualification, please state your reasons below:										

ITC	May we obtain your credit-based insurance score to assist with rating, underwriting & claims?	YES	NO						
SHARING OF INSURANCE INFORMATION:									
I acknowledge that sharing of insurance information about me, including credit information, for underwriting and claims purposes between insurers is in the public interest. It enables insurers to underwrite policies and assess risks fairly and to reduce fraudulent claims so that premiums can be limited.									
I waive my right to privacy and those of any person that I represent regarding the information that I or another person on my behalf provides. I acknowledge that the information that I provide may be stored in the shared database and used as set out above. It can also be used for any decision about my policy or the meeting of any claim.									
I consent to the information being given to another insurance company or its agents. I acknowledge that the information about me may be verified against legally recognised sources or databases.									
I AGREE THAT this proposal shall be the basis of the contract between the insured and myself.									
I WILL ACCEPT the insurer's personal group schemes policy.									
I UNDERSTAND THAT this insurance will not commence until this proposal has been accepted by the insurer.									
If you are unable to sign this declaration without qualification, please give your reason here:									
I warrant that the answers given are true, and I do not know of any material facts, even though specific questions about them have not been asked, that should be communicated (the insurer)									
Insured's Signa	ture: Date:								