Professional Indemnity Excess Waiver Cover

"PROFSAVE DEBIT ORDER FORM"

RENASA
INSURANCE COMPANY LIMITED

Debit Order From

Profsave Policy Number:_____

Insured: _____

ID/Registration number: _____

Effective Date: _____

Debit Order Details:

Name of Bank:_____ Account Holder:_____

Account Type:_____ Debit Order Date:_____

Account Number:_____ Branch:_____

Bank Code:_____

Please return signed form along with most recent confirmation of account, no older than 3 months.

Terms & Conditions:

I warrant that the information herein is true and correct to the best of my knowledge. I confirm that I am prepared to furnish IBG with any other relevant information that may be required. I further authorise IBG to obtain any relevant information they deem fit and authorise any third party to provide the relevant information to independently verify that the information contained in this application form is correct and for the purposes of assessing the risk in relation to the policy and underwriting the policy The Applicant accepts the terms and conditions of the wording supplied in the policy contract.
The applicant understands the cover on attached quote and explanation.
The applicant understands the cover is on a month-to-month basis, however the term of the contract is monthly, that failure to meet contributions after a claim has commenced could jeopardise payment of the claim unless paid for until the deemed annual renewal date of policy.

I, the undersigned, hereby accept the above term and conditions.

Signed at _____ **on this** _____ **day of** _____**, 20** _____

_____
Signature of Client / Payer / Policy Holder

IBG Underwriting Managers is an authorised Financial Services Provider with FSP number 365151
Underwriting on behalf of Renasa Insurance Company Limited, a licensed non-life insurer and FSP.

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