

REQUEST FOR BACKDATED COVER	
INSURED	
POLICY NUMBER	
REASON FOR REQUEST	
CLAIMED AMOUNT	
INCEPTION DATE OF POLICY	
TOTAL MONTHLY PREMIUM	
NON PAYMENT OF PREMIUMS (AMOUNT)	
DATE COVER REQUIRED	
3 YEARS CLAIMS DETAILS (AMOUNT, DATE OF LOSS AND TYPE)	
3 YEAR LOSS RATIO (%)	
DETAILS OF ANY CONNECTED ACCOUNTS	
MOTIVATION FOR REQUEST:	
RECOMMENDATIONS:	

SIGNED OFF: \_\_\_\_\_

DATE: \_\_\_\_\_

MANAGER: \_\_\_\_\_