



BAF INSURANCE COMPANY
(CAYMAN) LTD.

REQUEST FOR CONFIRMATION OF COVERAGE

DATE: _____ PHONE: _____

INSURED NAME: _____ BAF ID #: _____

BAF GROUP #: _____ EMAIL: _____

LETTER TO BE ADDRESSED TO:

REQUESTED BY:
(PRINT NAME) _____

SIGNATURE: _____

Express (\$20.00)

2 Days (\$15.00)