

Quotation form for life insurance

Please answer the following questions and return the form to our address, fax or email as stated below

First we have a question on our own account: How did you find about us?

Google
 Facebook
 Radio
 Newspaper:
 Other

Insurance holder / person to insure:

Name
 Surname
 Email
 Phone
 Fax

Date of birth
 Gender Male Female
 Nationality
 Resident in Spain Yes No

Correspondence address:

Street / No
 Postcode Town

General questions:

Do you drive a motorbike or scooter? Yes No
 Practised sports
 Equestrian sport
 Snow sports
 Diving
 Climbing /trekking
 Polo
 Other sports

Profession / occupation held:

Tarif group:
 S - Academic professions
 A - Professions without physical activity
 B - Professions with physical activity
 C - Professions with heavy physical activity

Type of insurance:

Term life insurance
 Endowment insurance
 Educational endowment insurance (date of birth of the child to insure:
 Insurance sum for loss of life: € or monthly premium: €)

Method of payment:

Yearly
 Half yearly
 Quarterly
 Monthly

Duration: years, or age of expiry years

Do you wish additional cover?

Disability insurance Yes No
 Accident insurance Yes No

Note: Spanish insurers often require a previous medical check-up in case of insurance sums of more than 60.000 €. The costs for this check-up are mostly assumed by the respective insurer.

I agree with the privacy policy of Iberia Insurance Brokers, for further details, see www.iberiainsurancebrokers.co.uk/privacy-policy

Date _____ Signature _____

Please return this form to:

IBERIA INSURANCE BROKERS

info@iberiainsurancebrokers.co.uk

Gran Via Puig des Castellet 1

07180 Santa Ponsa, Majorca, Spain

Phone: 0034 - 900 52 58 90 - 0034 - 971 - 69 90 96

Please feel free to call us for a personal advice!

Remarks: