

## Quotation form for a business 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

### Company:

Name

C.I.F. (VAT ID Number)

Contact person

### Details of the business:

Detailed description of the kind of business/activity:

### Address of the risk to insure:

Postcode

Town

Street / No

Phone

Fax

Email

### Further details concerning the risk to insure:

Year of construction

Square meters

Floor

Rented local or  Own property

### Public third party liability:

Are you interested or do you need public third party liability insurance?  Yes  No

If so, please indicate the annual turnover  € Number of employees

### Security measures:

Is there an approved alarm?  No  Yes, not connected to a security centre  
 Yes, connected to  a security centre  the police

Is there a safe?  No  Yes, weight  kg / Safety classification:

Other safety measures (as bars on access points, wooden shutters, lockable windows):

Is there a property supervision (as guard service, housekeeper, neighbours)?  No  Yes

If so, please indicate the service provider and the frequency)

Is there safety glass?  No  Yes

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**Building insurance:**

Are you interested or do you need building insurance?  Yes  No

If so, please indicate the reconstruction value of the building:  €

**Contents insurance:**

Insurance sums:

Contents (operating facilities)  €

Electrical appliances  €

Goods and stocks  €

Machines  €

Glass  €

Are you interested or do you wish to include insurance cover for cash?  Yes  No

If so, please indicate how much  cash (kept in safe)  €

cash (not kept in safe)  €

Are you interested or do you wish transport insurance?  Yes  No

Are you interested or do you wish accident insurance for employees?  Yes  No

Are you interested or do you wish business interruption insurance?  Yes  No

**Please mark with a cross what other information you are interested in:**

- |   |  |
|---|--|
| <input type="checkbox"/> Private Health Insurance for residents and non-residents                         | <input type="checkbox"/> Optimized inheritance tax               |
| <input type="checkbox"/> Term Life Insurance as guarantee for a mortgage, far below the usual bank prices | <input type="checkbox"/> Car insurance                           |
| <input type="checkbox"/> Mortgages / Financing options  | <input type="checkbox"/> Building and contents insurance         |
| <input type="checkbox"/> Pension schemes  | <input type="checkbox"/> Other information: <input type="text"/> |
| <input type="checkbox"/> Single-premium annuity insurance   |  |
| <input type="checkbox"/> Fund investments   |  |

I agree with the privacy policy of Iberia Insurance Brokers, for further details, see [www.iberiainsurancebroker.com/privacy-policy](http://www.iberiainsurancebroker.com/privacy-policy)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**Please return this form to:**

**IBERIA INSURANCE BROKERS**

info@iberiainsurancebroker.com

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:**