

## 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](http://www.iberiainsurancebrokers.co.uk/privacy-policy)

Date \_\_\_\_\_ Signature \_\_\_\_\_

### Please return this form to:

#### IBERIA INSURANCE BROKERS

info@iberiainsurancebrokers.co.uk

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07180 Santa Ponsa, Majorca, Spain

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**Please feel free to call us for a personal advice!**

### Remarks: