



Landlord Insurance QUICK QUOTE FORM

Title _____ First Name _____ Last Name _____

Phone Number _____ Mobile Number _____

Email address _____

Data Protection Act:-

Keeping your information secure

We're committed to protecting your privacy. We'll only use the information we collect about you lawfully, in accordance with the Data Protection Act 1998. If you'd like to know more about how we protect your data, please read our privacy policy. We won't pass your information on to any third parties without your consent.

Correspondence Address _____

_____ Postcode _____

Risk Address _____

_____ Postcode _____

How long has the property been owned by you _____

What type of tenant do you have living in property? (Please tick the relevant box)

Working In Receipt of Benefits Asylum Seekers Students Referred by Council Unoccupied Commercial

If commercial tenants please specify business type:- _____

How would you describe your property. (Please tick the relevant box)

House Block of Flats Single Flat Commercial Property Other

Other:- Please specify _____

Age of Property _____

Construction of property. (Please tick the relevant box)

Walls:- Brick Stone Wood Metal Other

Roof:- Tiled Slate Metal Wood Other

Other:- Please specify _____

Rebuilding sum insured:- _____

Contents sum insured:- _____ Monthly Rental Income:- _____

Details of claims in the last 5 years:- _____

Date _____ What Happened _____ Claims Cost _____

When providing this quotation we will make certain assumptions to provide an indication of insurance costs on an annual basis. The indication will not be a contract certain quotation and may require additional information to be provided by you.