

SHORT TERM QUESTIONNAIRE

Short Term Insurance - Personal Lines

Please complete this form and email or fax it back to us. We will contact you to obtain further information in order to be able to provide you with a quote.

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NAME OF CLIENT:

DATE OF BIRTH			
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CONTACT:	E:	Tel:
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Indicate the size of cover that you need:

<u>PERSONAL:</u>	<u>COVER REQUIRED</u>	<u>COVER AMOUNT</u>
Motor vehicle	Yes / No	R
Household Contents	Yes / No	R
Buildings	Yes / No	R
All Risk	Yes / No	R
Specified Items	Yes / No	R
Accidental Damage	Yes / No	R
Personal Electronic Equipment	Yes / No	R
Personal Liability	Yes / No	R
Pleasure Craft	Yes / No	R
Other	Yes / No	R
		Total

The quotations provided are for personal lines only and exclude any commercial cover.

CLIENT SIGNATURE:

DATE: