

Quotation Form for a Commercial 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)

Detailed description of the kind of business/activity:

Address of the risk to insure:

Postcode

Town

Street / No

Phone

Fax

Email

Annual sales

Nº of employees

Correspondence address:

Surname / Name

Street / No

Postcode / Town

Phone number

Fax number

Email

I agree with the privacy policy of Iberia Insurance Brokers for further details, see 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: