

Consultation form

Customer:		Date of birth		
Surname	<input type="text"/>	Gender	<input checked="" type="radio"/> Male	<input type="radio"/> Female
First name	<input type="text"/>	Nationality	<input type="text"/>	
Email	<input type="text"/>	Resident in Spain	<input type="radio"/> Yes	<input type="radio"/> No
Phone	<input type="text"/>			
NIE / NIF	<input type="text"/>			

We are happy to offer you the benefits of complete support. Please answer the following questions:

Insurance	Society	Sums Insured	Request Check	Request Offer	No interest
House			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Household contents			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Liability			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Business			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Car			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Boat			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Sick			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Life			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Pension			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Miscellaneous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Consultation result

Recommended and eligible insurance products

Justification of the recommendation

lease return to: IBERIA INSURANCE BROKER
 info@iberiaversicherungsmakler.com
 or by post: Gran Via Puig de Castellet 1, Local 2 E
 07180 Santa Ponsa Mallorca, España
 Tel.: 0034 971 69 90 96 Fax: 0034 971 69 90 97
 We would also be happy to advise you personally!

Special remarks:

I agree the privacy policy of Iberia Versicherungsmakler, SL, for more information www.iberiaversicherungsmakler.com/datenschutz

Date, place

Signature of interested party

Broker's signature