

# Request for a quote for life insurance

## Data on the policyholder

First a question on our own behalf: How you hear about us?

via Google search   
  through friends   
  about radio advertising   
  via newspaper advertisement in

Anderweitig

### Customer:

Surname

First name

Email

Phone

N.I.E.

Date of birth

Gender  Male  Female

Nationality

Resident in Spain

Yes  No

### Correspondence address:

Street / No.

Postcode  Place

### General questions:

Motorcycle or scooter rider?  Yes  No

Sports practiced

Horse riding   
  Skiing   
  Diving  
 Mountaineering   
  Polo  
 Other:

### Profession practiced:

Tariff group:

S - Academic professions  
 A - Occupations without physical activity B -  
 Occupations with physical activity  
 C - Occupations with heavy physical work

### Form of insurance:

Term life insurance   
  Endowment insurance   
  Training insurance\*

Death benefit:  € or monthly contribution:  € \*Date of birth of the child to be insured

### Method of payment:

Annual   
  Semi-annual   
  Quarterly   
  Monthly

Occupational disability provision  Yes  No

Supplementary accident insurance  Yes  No

Term:  Years, or final age  years

Note: For sums insured of 60,000 or more, Spanish companies often require a prior medical examination. The costs are usually borne by the company.

I agree the privacy policy of Iberia Versicherungsmakler, SL, for more information [www.iberiaversicherungsmakler.com/datenschutz](http://www.iberiaversicherungsmakler.com/datenschutz)

Date, place

Signature of interested party

### Please 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: