

Request for a quote for public liability

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

Otherwise

Company:

Name

CIF / NIE

Exact description of the operating mode / activity:

Address of the business to be insured:

ZIP CODE

Location

Street / No.

Telephone

Fax

email

Annual turnover

Number of employees

Correspondence address (if different):

First name / Last name

Street / No.

Postal

code / City

Phone Fax

email

I agree the data protection agreement of Iberia Versicherungsmakler SL, for more information www.iberiaversicherungsmakler.com/datenschutz

Date, place

Please return to:

Signature of interested party

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: