

Community Insurance Quotation Form



Name /Nombre _____ DNI/NIE : _____ Tel. Nº : _____

Address/Dirección : _____ Post Code : _____

E-mail/Correo Electronico : _____

Community Name : CIF : Tel. Nº :

Cover Required :

Option A (communal areas only) Option B (A + Private areas) Option C (B + Sanitary areas).

Community : with locals : without locals : Comprising : Chalets or Apartment blocks

Nº of floors :

Nº of Garage Spaces :

No of Apt Blocks : 1 2 3 4+

Year Built : _____ Year Refurbished : _____ Size (sq m) : _____

Size of Terraces /out buildings/ sep. Garage : _____

Type of construction : Normal Bricks & Mortar Part Wood

Value of Contents (Furniture, Equipment/Machinery) : (provide details below)

Security : 24/7 Security Guard Day time only CCTV

Bars on windows and access points

Shutters on windows and access points

Alarm - connected to central system

Alarm, not connected to central system

Security Glass

Safe (must be built-in and have a key & combination for access) or 2 or each

Other Policy Nº with Liberty : _____

Other Options Available :

Increased Public Liability : 300k 450k 600k 1,000k

Loss of Rent : Nº of Employees : Excess : Glass Water Pub Liability

NOTES :

Tel . 922-735-672



Tenerife Insurance Services S.L.

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