

Life Insurance Quotation Form



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

Address/Dirección : _____ Post Code : _____

E-mail/Correo Electronico : _____

Date of Birth : _____

Gender : Male Female

Profession : _____

Value of LIFE Cover : Specify : _____ 25,000€ 50,000€ 75,000€
100,000€ 150,000€ 200,000€ 300,000€

Additional Cover Options : Permanent Total Disability (PTD) : _____ €
Death due to an accident : _____ €
Death due to a car accident : _____ €
PTD due to an accident : _____ €
PTD due to a car accident : _____ €
Critical Illness : _____ €

Limits :

- up to 45 years of age – 200,000€ NO MEDICAL
 - 46 – 60 years of age 150,000€ NO MEDICAL
 - 60+ years of age 90,000€ NO MEDICAL
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Beneficiary : Bank mortgage number, or person's name, address and NIE required to finalise policy.

NOTES :

Tel . 922-735-672



Tenerife Insurance Services S.L.

Calle Las Moraditas II, Local s/n, 38639 Las Chafiras

Mob. 661-908-980

DGS Reg. C0467B38406104