

## **Consultation Form**

Client:			Date of birth		
Name Surname			Gender	Male	Female
Phone			Nationality	Oridic	• remaie
NIE / NIF				O Yes	<ul><li>No</li></ul>
Email				J	
We are happy to offer you the advantages of an in-depth consultation. Please answer the following questions.					
Type of Insurance	Company	Sum insured	Check	Offer	No interest
House			Yes No	Yes No	
Content			Yes No	Yes No	
Liability			Yes No	Yes No	
Commercial Risks			Yes No	Yes No	
Car			Yes No	Yes No	
Boat			Yes No	Yes No	
Medical			Yes No	Yes No	
Life			Yes No	Yes No	
Pension Plans			Yes No	Yes No	
Others			Yes No	Yes No	
Results					
Recommended insurances					
Explanation					
Please return this form to:			Remarks		
info@iberiainsurand					
Gran Via Puig des C					
07180 Santa Ponsa	, Majorca, Spain				
Phone: 0034 - 900					
Please feel free to call us for a personal advice!					
I agree with the privacy policy of Iberia Insurance Brokers, for further details, see www.iberiainsurancebrokers.co.uk/privacy-policy					
Date, Place	Signature client			ure broker	