

Consultation Form

Client:					
Name			Date of birth		
Surname			Gender	Male	Female
Phone NIE / NIF			Nationality Residency in Spain	Yes	No
Email			Residency in Spain	163	110
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		
IBERIA INSURANCE BROKERS					
info@iberiainsuranc					
Gran Via Puig des Castellet 1 07180 Santa Ponsa, Majorca, Spain					
Phone: 0034 - 900 52 58 90 - 0034 - 971 - 69 90 96					
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.iberiainsurancebroker.com/privacy-policy					
Pate, Place Signature client		Signature broker			