

## Crownsway In House QUOTE REQUEST

**TEL: 0121 554 3566 FAX: 0121 523 2992**

Client's Name ..... Risk Address.....  
 ..... Post Code ..... Correspondents Address.....  
 ..... Post Code.....  
 Telephone No. .... No. of Years at this Address.....

**Type of Cover Required:**

**Building** [AD cover (Yes/No)] £ ..... **Contents** [AD cover (Yes/No)] £ ..... **All Risk** £.....  
**Year Built** ..... **Standard Construction(Y/N)** ..... (If N Give details).....  
 ..... **Terrace/Semi/Detached/Bungalow**.....  
**Owner Occupied? (Y/N)** ..... IF LET, PLEASE DESCRIBE THE TYPE OF TENANT.....

**Any Claims, Criminal Convictions(Y/N)?** If YES, please give details and use separate sheet for full details

Date of Claims: ...../...../.....  
 Convictions (full details) use separate sheet  
 Date of all Convictions:...../...../.....  
 Claims (full details):  
 Amount Involved:  
 Other details (use separate sheet for full details)

CIB/Jewel		Underwriter Use
Premium	£.....	
Any Load %	£.....	
IPT	£.....	
ADM	£.....	
Total	£.....	
Policy Excess	£..... Cover Fire/Theft	
Insurer:		
Any Special Terms:		

**Cover:** Flood and Flat Roof Excess £1,500.00 and Subsidence policy excess is 3% of the cost of total damage or maximum of £2,500.00. A £500.00 Storm damage, Escape of Water & third party property damage excess applies to each and every claim.

**Date:** ...../...../.....

**Quote Reference**.....  
 Agent:.....  
 Tel.....Fax.....