



FREEPHONE: 0800 980 3803
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Property Owner Portfolio – Quotation Request

To save you time we have kept this form as brief as possible. Use the tab key to move through the form. If you do not know the answer, please state “unknown”. When complete, kindly save as your surname and email to enquiries@edisonfordinsure.co.uk

Tell us about you

Title	<input type="text"/>
Your first name/s	<input type="text"/>
Your last name	<input type="text"/>
Date of birth	<input type="text" value="/ /"/> DD/MM/YYYY
Business name	<input type="text"/>
House name or number	<input type="text"/>
Street	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Post code	<input type="text"/>
Contact telephone number/s	<input type="text"/> <input type="text"/>

Details of properties to be insured

	Property 1	Property 2	Property 3	Property 4	Property 5
1 st Line of address					
Post Code					
What year was the property built?					
If Residential:- Type of tenants (Working family, single person, student/s, DSS family, etc.)					
Type of Property (Detached, semi-detached house, cottage, flat, etc.)					
Number of bedrooms					
If Commercial: Type of tenants (Accountants, butchers, estate agents, bakers, etc.)					
Type of Property (High street shop, office block, commercial unit, etc.)					
What are the property's walls constructed from? (Brick, stone, concrete, etc.)					
What material makes up the roof? (Tile, slate, flat, etc.)					
Type of building cover required	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental
Buildings sum insured (rebuilding cost of property)	£	£	£	£	£
Type of contents cover required (leave blank if not required)	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental
Contents sum insured Carpets, curtains, white goods etc.	£	£	£	£	£
Annual rental income of property	£	£	£	£	£
Name of your current insurer					
Number of years you have owned the property					
Number of consecutive years without a claim					
Renewal date of your current policy					
Any claims on this property in the last 5 years (if yes, please complete the table below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Property 6	Property 7	Property 8	Property 9	Property 10
1 st Line of address					
Post Code					
What year was the property built?					
If Residential:-					
Type of tenants (Working family, single person, student/s, DSS family, etc.)					
Type of Property (Detached, semi-detached house, cottage, flat, etc.)					
Number of bedrooms					
If Commercial:					
Type of tenants (Accountants, butchers, estate agents, bakers, etc.)					
Type of Property (High street shop, office block, commercial unit, etc.)					
What are the property's walls constructed from? (Brick, stone, concrete, etc.)					
What material makes up the roof? (Tile, slate, flat, etc.)					
Type of building cover required	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental
Buildings sum insured (rebuilding cost of property)	£	£	£	£	£
Type of contents cover required (leave blank if not required)	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental
Contents sum insured Carpets, curtains, white goods etc.	£	£	£	£	£
Annual rental income of property	£	£	£	£	£
Name of your current insurer					
Number of years you have owned the property					
Number of consecutive years without a claim					
Renewal date of your current policy					
Any claims on this property in the last 5 years (if yes, please complete the table below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Property 11	Property 12	Property 13	Property 14	Property 15
1 st Line of address					
Post Code					
What year was the property built?					
If Residential:-					
Type of tenants (Working family, single person, student/s, DSS family, etc.)					
Type of Property (Detached, semi-detached house, cottage, flat, etc.)					
Number of bedrooms					
If Commercial:					
Type of tenants (Accountants, butchers, estate agents, bakers, etc.)					
Type of Property (High street shop, office block, commercial unit, etc.)					
What are the property's walls constructed from? (Brick, stone, concrete, etc.)					
What material makes up the roof? (Tile, slate, flat, etc.)					
Type of building cover required	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental
Buildings sum insured (rebuilding cost of property)	£	£	£	£	£
Type of contents cover required (leave blank if not required)	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental
Contents sum insured Carpets, curtains, white goods etc.	£	£	£	£	£
Annual rental income of property	£	£	£	£	£
Name of your current insurer					
Number of years you have owned the property					
Number of consecutive years without a claim					
Renewal date of your current policy					
Any claims on this property in the last 5 years (if yes, please complete the table below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Property 16	Property 17	Property 18	Property 19	Property 20
1 st Line of address					
Post Code					
What year was the property built?					
If Residential:- Type of tenants (Working family, single person, student/s, DSS family, etc.)					
Type of Property (Detached, semi-detached house, cottage, flat, etc.)					
Number of bedrooms					
If Commercial: Type of tenants (Accountants, butchers, estate agents, bakers, etc.)					
Type of Property (High street shop, office block, commercial unit, etc.)					
What are the property's walls constructed from? (Brick, stone, concrete, etc.)					
What material makes up the roof? (Tile, slate, flat, etc.)					
Type of building cover required	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental	<input type="checkbox"/> Standard <input type="checkbox"/> Accidental
Buildings sum insured (rebuilding cost of property)	£	£	£	£	£
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Contents sum insured Carpets, curtains, white goods etc.	£	£	£	£	£
Annual rental income of property	£	£	£	£	£
Name of your current insurer					
Number of years you have owned the property					
Number of consecutive years without a claim					
Renewal date of your current policy					
Any claims on this property in the last 5 years (if yes, please complete the table below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Claim history within the last 5 years

Property Number	Date of claim	Circumstances (Theft, fire, water damage, etc.)	Value
			£
			£
			£
			£
			£
			£
			£
			£
			£
			£
			£
			£
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