



FREEPHONE: 0800 980 3803
SWITCHBOARD: 01454 322266
E-MAIL: enquiries@edisonfordinsure.co.uk

Property Owner (Residential) – 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"/> / <input type="text"/> / <input type="text"/> 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	<input type="text"/>

Details of property to be insured

House name or number	<input type="text"/>
Street	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Post code	<input type="text"/>
Type of tenants	<input type="text"/> Other _____
Type of property	<input type="text"/> Other _____
What year was the property built?	<input type="text"/>
What are the property's walls constructed from?	<input type="text"/>
What material makes up the roof?	<input type="text"/>
What type of heating is in the property?	<input type="text"/>
What material are the floors made of?	<input type="text"/> Timber, concrete, etc.
What are the property's stairs constructed of?	<input type="text"/> Timber, concrete, etc.
How many years have you owned the property?	<input type="text"/>

Security

What kind of locks are on the external doors?	<input type="text" value="5 Lever mortice, normal yale, etc."/>
Do all accessible windows have key operated locks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the property have fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the property have a working burglar alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a working smoke alarm fitted at the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sums insured

Rebuilding Cost	<input type="text" value="£"/> (Sum insured)
Annual Rental Income	<input type="text" value="£"/>
Value of Landlord's contents	<input type="text" value="£"/> (ie. Carpets, curtains, white goods, etc.)

Claim history within the last 5 years

Claim 1 -	Date	<input type="text"/>
	Circumstances	<input type="text" value="Theft, fire, water damage, etc."/>
	Value	<input type="text" value="£"/>
Claim 2 -	Date	<input type="text"/>
	Circumstances	<input type="text" value="Theft, fire, water damage, etc."/>
	Value	<input type="text" value="£"/>
Claim 3 -	Date	<input type="text"/>
	Circumstances	<input type="text" value="Theft, fire, water damage, etc."/>
	Value	<input type="text" value="£"/>

Existing insurance details

Who are you currently insured with?	<input type="text"/>
What is the renewal date of your current policy?	<input type="text"/>
What is your renewal premium?	<input type="text" value="£"/>
Premium of best quotation received	<input type="text" value="£"/>
Name of insurer providing best quotation	<input type="text"/>