

# Life Insurance Quotation Form



Name /Nombre \_\_\_\_\_ DNI/NIE : \_\_\_\_\_ Tel. Nº : \_\_\_\_\_

Address/Dirección : \_\_\_\_\_ Post Code : \_\_\_\_\_

E-mail/Correo Electronico : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Gender : Male  Female

Profession : \_\_\_\_\_

Value of LIFE Cover : Specify : \_\_\_\_\_ 25,000€  50,000€  75,000€   
100,000€  150,000€  200,000€  300,000€

Additional Cover Options : Permanent Total Disability (PTD) : \_\_\_\_\_ €  
Death due to an accident : \_\_\_\_\_ €  
Death due to a car accident : \_\_\_\_\_ €  
PTD due to an accident : \_\_\_\_\_ €  
PTD due to a car accident : \_\_\_\_\_ €  
Critical Illness : \_\_\_\_\_ €

## Limits :

- up to 45 years of age – 200,000€ NO MEDICAL
  - 46 – 60 years of age 150,000€ NO MEDICAL
  - 60+ years of age 90,000€ NO MEDICAL
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**Beneficiary :** Bank mortgage number, or person's name, address and NIE required to finalise policy.

## NOTES :

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Tel . 922-735-672



Tenerife Insurance Services S.L.

Calle Clara Toledo Gomez, Local s/n, 38639 Las Chafiras

Mob. 661-908-980

DGS Reg. C0467B38406104