

## **Household Insurance Quotation**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Risk Address** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Day Ph Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age of Eldest person in House** \_\_\_\_\_

**Buildings sum Insured** \_\_\_\_\_ **Contents sum insured** \_\_\_\_\_

**Accidental Damage Yes/ No**

**Unspecified All risks Sum Insured (1270)** \_\_\_\_\_

**Specified Items Sum Insured( Need Valuation)**      **Sports Equip**

1. \_\_\_\_\_

**Bicycles**

2. \_\_\_\_\_

3. \_\_\_\_\_

**Caravan**

**House occupied during the day Yes/ No**

**Age of eldest person** \_\_\_\_\_

**How many years living at this address** \_\_\_\_\_

**Year house was built** \_\_\_\_\_

**Number of bedrooms** \_\_\_\_\_

**Smoke Detectors** \_\_\_\_\_

**Working Alarm Yes/ No**

**NSAI Approved Yes/ No**

**Connected to Monitoring Station Yes/ No**

**Neighbourhood Watch or Community Alert Yes/ No**

**Five Lever Locks On Doors & Windows Yes/ No**      **First time Buyer Yes/ No**

**Any Claims History in the past five years** \_\_\_\_\_

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**Present Insurer** \_\_\_\_\_

**Renewal Date** \_\_\_\_\_

**Cheapest Quotation** \_\_\_\_\_

Please e-mail or fax completed forms to: [Household@dolmen-insurance.ie](mailto:Household@dolmen-insurance.ie) or 01 867 2123