**STARLANE INSURANCE**

**TEL: 01252 724167 EMAIL: admin@starlaneinsurance.co.uk**

**BUILDINGS QUOTE FORM**

**BROKER: [YOUR COMPANY NAME]**

|  |  |
| --- | --- |
| **Name/s:** | |
| **Insured Address:** | |
| **D.O.B:**  **D.O.B:** | **Occupation:**  **Occupation:** |
| **Type of Home : Detached / Semi-Detached / Terraced / Flat / Bungalow** | |
| **Bedrooms:** | **Year Built:** |
| **Property Status: Main Residence / Unoccupied / Rented Out / Holiday/Second Home** | |
| **Rebuild Cost (If Known):** | **Or Purchase Value:** |
| **Postal Address (If Let Policy):** | |