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):	