

IBS insurance - quote questionnaire

USA
GERMAN

Surname: _____

First name: _____ Married: yes no

Unit / BOX: _____ APO AE: _____

E-mail: _____

Tel No. where we can reach you: _____

What do you need: TP COMP COLLISION

Accident free Driving: _____ License passed on: _____

Accidents or claims in the last 5 years: yes no

Owner of vehicle: _____ Only one driver or plus partner: _____

DOB: _____ DOB: _____
HSN: _____ TSN: _____

Type & make of vehicle: _____

Station Wagon/Sedan/SUV/Cabrio: _____

Engine size: Diesel/Gas: KW: PS:

Mileage on clock: Miles Km

Date of first reg: Date of purchase: Ins. begin:

Value of vehicle in US Dollar: Euros: Miles/
KM per year:

Parking overnight: garage Carport/fenced in area other

Would you like the quote by email: yes no

Would you like to be called back with the quote: yes no

Would you like your premium:

Monthly	Quarterly	Semi-Annual	Annual
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Comments: