

French Home Insurance

Request for Quote Form

Where did you hear about us?

- Web Search Print ad or mailing Link or online ad Referred by friend Other

Please specify website or publication, or enter Priority Code _____

Home to insure

- Main residence Holiday residence

Address: _____

Type of building Apartment / flat House Other (please specify): _____

You are the home's Owner Tenant/renter Co-owner Others : _____

Number of rooms _____ Floor surface _____ sq. metres

Please include all rooms of residence except entrance, kitchen, office, bathroom, hall and closets, which are automatically covered. For every room over 30 square metres, please count one extra room for each section of 30 square metres.

Please include total floor surface of the residence, the garage and all other buildings, whether attached or not to the home. Do not include cellars, laundry rooms and unfinished basements or attics: they are automatically covered.

Swimming pool ____sq. m. Garage ____sq. m. Barn ____sq. m. Veranda / conservatory ____sq. m.

Other outbuildings (please specify) _____ sq. m.

Contents value to be insured (e.g. € 20,000.00) € _____

Please only include the total value of your belongings kept within your home and any outbuildings. Buildings are automatically covered on a full reconstruction basis, with no prior declaration of their value to the insurer.





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Insurance

Cover starting date: d___ / m___ / y_____

Current policy inception date: d___ / m___ / y_____

Have you suffered any burglaries over the past 24 months? No Yes How many times? _____

Amount of loss: _____

Has your policy been cancelled due to a claim, unpaid premium or insurance fraud over the past 24 months?

No Yes

Contact details

First Name: _____ Name: _____

Address (if different from above)

Postal code

Place, State, Province, Country

Tel. in France: _____ Tel. in home country: _____

Fax number: _____ E-mail address: _____

Date of birth: _____ Date of arrival in France: _____

These data (your information) are meant to be dealt with and processed by Aon France in order to create a contact with you. You have a right of access, modification, rectification and deletion on your information (French «Informatique et Libertés» Act of 6 January 1978). For any query, please contact InsureXpat@aon.fr.

Please return completed form by fax: +33(0)-140-616-167

or post: Aon Insurance for Expatriates

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• In France, freephone: 0800 822 202

• Outside of France: +33-495-061-646

• InsureXpat@aon.fr

• www.InsureXpat.fr

Aon Risk Solutions

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Société de courtage en assurances et réassurances immatriculée au Registre Unique des Intermédiaires d'Assurances sous le N° 07 001 560

SA au capital de 46 027 140 euros | 414 572 248 RCS Paris | N° de TVA intracommunautaire : FR 22 414 572 248

GARANTIE FINANCIÈRE ET ASSURANCE DE RESPONSABILITÉ CIVILE PROFESSIONNELLE CONFORMES AUX ARTICLES L512-7 ET L512-6 DU CODE DES ASSURANCES