



# French Home Insurance Request for Quote

<b>Where did you hear about us?</b>		Details:			
<input type="checkbox"/> Web Search (please specify search engine in Details box)	<input type="checkbox"/> Print ad or mailing (please specify publication or Priority Code in Detail box)	<input type="checkbox"/> Link or ad from another website (please specify website in Details box)	<input type="checkbox"/> Referred by a friend of relative (please specify Customer ID in Details box)	<input type="checkbox"/> Other (please specify)	
<b>Home to insure</b>	<input type="checkbox"/> Main residence	<input type="checkbox"/> Holiday residence			
Address					
Postal Code		Place			
Type of building	<input type="checkbox"/> Apartment or flat	<input type="checkbox"/> House	<input type="checkbox"/> Other (please specify):		
Please check box that applies to you	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant/renter	<input type="checkbox"/> Co-owner	<input type="checkbox"/> Others : _____	
Number of rooms <i>Please include all rooms of residence except entrance, kitchen, office, bathroom, hall and closets, which are automatically covered. For every room over 30 square meters, please count one extra room for each section of 30 square meters</i>			Floor surface square meters (m <sup>2</sup> ) <i>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.</i>		
<input type="checkbox"/> Swimming pool	m <sup>2</sup>	<input type="checkbox"/> Garage	m <sup>2</sup>	<input type="checkbox"/> Barn	m <sup>2</sup>
<input type="checkbox"/> Other outbuildings (please specify)				<input type="checkbox"/> Veranda or conservatory	m <sup>2</sup>
Contents sum to insure (e.g. €20,000.00)					€
<i>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.</i>					
<b>Insurance</b>					
Coverage starting date: (dd/mm/yyyy) _ / _ / _		Current policy inception date: (dd/mm/yyyy) _ / _ / _			
Have you suffered any burglaries over the past 24 months?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many times?	
		Amount of loss:			
Has your policy been cancelled due to claim, unpaid premium or insurance fraud over the past 24 months?					<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Contact information</b>			Mailing address		
First name	Last name	Postal code	Place	State, Province, Country	
Telephone number in France		Telephone number in home country			
Fax number		E-Mail address			
Date of birth (dd/mm/yyyy) _ / _ / _		Date of arrival in France		(dd/mm/yyyy) _ / _ / _	
<i>This data (your information) is meant to be dealt with and processed by Aon Conseil &amp; Courtage in order to provide a quote. 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 <a href="mailto:InsureXpat@aon.fr">InsureXpat@aon.fr</a>.</i>					
<b>Please return completed form</b>			<b>by fax: +33(0)-158-758-067</b>		
			<b>or mail: Aon Insurance for Expatriates</b>		
			<b>45 rue Kleber</b>		
			<b>92697 Levallois Perret Cedex France</b>		
<ul style="list-style-type: none"><li>In France, call toll free <b>N° Vert 0 800 822 202</b></li><li>Outside of France: +33-495-061-646</li><li>InsureXpat@aon.fr</li><li>www.AonInsureXpat.com</li></ul>					