

## SCHOOL INSURANCE QUICK QUOTE FORM

SCHOOL NAME:  
SCHOOL ADDRESS:


SCHOOL CONTACT NAME:  
SCHOOL CONTACT TELEPHONE NUMBER:  
SCHOOL CONTACT E-MAIL:


IS SCHOOL IN OUR PERSONAL ACCIDENT SCHEME?

YES		NO	
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SCHOOL TYPE (E.G. PRIMARY, SECONDARY):  
NUMBER OF PUPILS:  
NUMBER OF TEACHERS:  
NUMBER OF AUXILIARY STAFF (GIVE DETAILS):


BUILDINGS SUM INSURED (NON-PREFABS):  
CONTENTS THEREIN:  
BUILDINGS SUM INSURED (PREFABS):  
CONTENTS THEREIN:  
ARE BUILDINGS OF STANDARD CONSTRUCTION?  
IF 'NO' GIVE DETAILS:

€	
€	
€	
€	
YES	NO

DETAILS OF ANY CLAIMS IN THE PAST 5 YEARS:

DATE	DETAILS	AMOUNT
		€
		€
		€
		€
		€
		€

CURRENT INSURANCE COMPANY:  
CURRENT PREMIUM:  
RENEWAL DATE:
