

## **Broker Quote Request Form**

**Contractor Instructions:** Please complete this form and take it to your insurance broker or scan and email to them (you can cc us at quotes@tlcinsurance.co.nz so that we know things are underway).

**Broker instructions:** On receipt of this quote request, please contact us at TLC Insurance on 0800 TLC INSURANCE or email quotes@tlcinsurance.co.nz and we can provide the quote and any other additional information you are looking for.

My Name		Date of Birth	1	1	
My Business Name	Primary location of this business				
Primary business activities/industry					
Contact details					
Email	Phone				

Preferred method of contact: 
Email 
Phone

## Equipment I am looking to insure:

Year	Make/Model (Full description is required)	Serial Number/Chassis # (Full description is required)	Sum Insured (excl GST)

I am also interested in Commercial Motor Vehicle insurance from TLC Insurance

## If yes, details of the vehicles including models, registration and sum insured:

Year	<b>Make/Model</b> (Full description is required)	<b>Registration Number</b> (Full description is required)	Sum Insured (excl GST)	<b>Type of Cover (A,B,C)</b> (A: Comprehensive Cover, B: Third Party Fire and Theft, C: Third Party Only)
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I am also interested in **Product Liability** insurance from TLC Insurance

If yes, the General Liability limit is

Estimated turnover of my business

Number of staff in my business

Signature

Date /

□ I / We declare that where this Quote Request is completed in electronic form and submitted without a hand-written signature, the inclusion of a name in the signature panel shall be sufficient to acknowledge acceptance of these matters and shall be treated as the signature of the person named in the signature panel as the Insured, or the insured's duly authorised representative.

TLC Insurance Ltd / PO Box 7006 / Tauranga 3148 P 0800 852 467 / F 0800 852 329 / info@tlcinsurance.co.nz / www.tlcinsurance.co.nz