

# Landlord Multiple Property Portfolio

Quote Date

Please fill in the **required** details. Extra information will produce a more accurate quote. Save the PDF's to your desktop  
Email to [joanne.je@milestonehouse.com](mailto:joanne.je@milestonehouse.com) or fax to **0845 271 1833**. Need some help? Call us on **0845 271 1831**.

## Proposer Details

<input checked="" type="checkbox"/> Full Name	<input type="text"/>	<input checked="" type="checkbox"/> Home Address	<input type="text"/>
<input checked="" type="checkbox"/> Daytime Tel.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Mobile Tel.	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Email	<input type="text"/>	<input checked="" type="checkbox"/> Postcode	<input type="text"/>
<input checked="" type="checkbox"/> Policy Start Date	<input type="text"/>	Occupation	<input type="text"/>
<input checked="" type="checkbox"/> Best Quote so far	<input type="text"/>	Company name	<input type="text"/>
<input checked="" type="checkbox"/> No. of Properties to insure	<input type="text"/>	Business Start Date	<input type="text"/>

Notes

## Claim/Conviction Details

Has Insurance ever been refused?	<input type="text"/>	Bankrupt/Bankruptcy Proceedings?	<input type="text"/>
Special Terms imposed?	<input type="text"/>	Number of claims in 5 years	<input type="text"/>
Non-driving offence convictions?	<input type="text"/>	Total amount of all claims	<input type="text"/>

## Property #1 Details

<input checked="" type="checkbox"/> Address	<input type="text"/>		
<input checked="" type="checkbox"/> Postcode	<input type="text"/>		
<input checked="" type="checkbox"/> Building Sum Insured	<input type="text"/>	Number of Flats	<input type="text"/>
<input checked="" type="checkbox"/> Contents Sum Insured	<input type="text"/>	No. of Bedrooms / property	<input type="text"/>
<input checked="" type="checkbox"/> Year Built	<input type="text"/>	Listed Building Grade	<input type="text"/>
<input checked="" type="checkbox"/> Dwelling Type	<input type="text"/>	Building Material	<input type="text"/>
<input checked="" type="checkbox"/> Number of Stories	<input type="text"/>	Roof Material	<input type="text"/>
<input checked="" type="checkbox"/> Tenant Type	<input type="text"/>	Number of Tenants	<input type="text"/>
		Length of Lease in months	<input type="text"/>
<input checked="" type="checkbox"/> Accidental Damage Cover?	<input type="text"/>	Terrorism Cover?	<input type="text"/>
		All Property to be insured?	<input type="text"/>
<input type="text"/>	<input type="text"/>	Subsidence Damage Cover?	<input type="text"/>
		Legal Cover?	<input type="text"/>

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