

# INSURANCE REFERRAL FORM

To be completed by the Agency representative. Complete the following information, fax back to Rentguard and one of our Client Services advisors will contact the interested person to supply them with a comprehensive and no obligation quotation!

## REFERRAL GUIDELINES

1. To refer a potential customer to Rentguard, please complete this form
2. Return the completed form by fax to **0208 587 1061**
3. Please inform your referral that a representative from Rentguard will be calling them

## AGENCY DETAILS

Agency Representative

Agency Name

Agency Number

## LANDLORD'S/TENANT'S CONTACT DETAILS

Contact Name

Telephone

Email Address

Landlord/Tenant agrees that Rentguard representative will contact them at the earliest convenience (indicate **best time** to call):

Landlord/Tenant would like to be contacted closer to their insurance **renewal date** (please state):

## RESIDENTIAL LET PROPERTY REQUIREMENT (tick as appropriate)

**Buildings Insurance**

**Contents Insurance**

Property address

Property postcode

## ADDITIONAL INSURANCE PRODUCTS (tick as appropriate)

**Tenant Contents Insurance**

**Legal Expenses & Rent Guarantee**

**Owner Occupier Insurance**

**Commercial Property Insurance**

**FAX BACK COMPLETED FORM ON 0208 587 1061**

## FOR OFFICE USE ONLY

Date received

Received by (Rentguard Representative)

Date referral contacted

Type of insurance policy purchased

Insurance policies underwritten by:



LLOYDS



**Supporting your brand. Building your business.**

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