

Caravan Insurance Quotation

Please complete and retu	rn this form and we will be bac	k to you within 48 hours.	
Geographical:	Purpose of use:		
If on-site, location:	Finance type:		
Caravan Details			
Year: Ma	ake: Mode	: Purd	hase price:
Date Purchased:	Width:	Ler	igth:
Vehicle registration numb	ber: Chassis or VIN No:		
Annexe Details			
Year: Make:	: Construction	1:	
Sum Insured - please specify for each section (agreed value) Caravan: Contents: Annexe:			
No Claim Bonus Previvious Insurer:			
Rating/NCB:	Expiry Date:		
Have you had any claims in the past 5 years? Yes No			
Please provide details of claims:			
Your contact details Full Name:			
Address:			
Phone:	Fax:	Email:	
Signature:			Date:
Can we help you with a quote on:			
Home and Contents	Motor Caravan	Life Insurance	Bussiness Insurance

Contact us toll free on 1300 305 834 or visit www.insurancehouse.com.au