



COMPREHENSIVE HOME INSURANCE FORM

Names and surnames of subscribers:

Full address:

Apartment **or** **House**

If apartment:

Ground floor **or** **not**

Number of rooms of the accomodation: ____
(including verandahs but excluding kitchen, hallways, lavatories, bathrooms and corridors)

Outbuildings if greater than 50 m²: ____ m²

Furnished accomodation:

Yes **No**

Value of the furniture:

10 000€ **15 000€** **Other value:** ____

Type of heating:

Electric **Fuel** **Wood**

Other (please specify): ____