DUAL INSURANCE FORM

Broker: Broker external policy number:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| AXA information -- (this section can be completed by BROKERS; HOWEVER, no refund will be issued on the axa policy until we have recEived and reviewed all completed information below) | | | | |
| Name of Policyholder(s): | |  | | |
| AXA Policy Number: | |  |  |  |
| Risk Address: | |  | | |
| Inception Date: | | Are Premiums up to date: Yes/No | Lapse Date: | Type of cover: |
|  | |  |  |  |
| Claims: | | |  |  |
| **Date** | **Coverage(s)** | | **Peril** | **Amount paid** |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| Details of refund considered:  Name:  Company: Date: | | |  | |
| TO BE COMPLETED BY the other INSURANCE COMPANY | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Insurance Company | | | | Name of Policyholder(s): | | | | |
| Your policy number: | | | |
| Risk Address: | | | | | | | | |
| City: | | County: | | | | | Post Code: | |
| Inception Date | | Lapse Date: | | | | |  | |
| Type of cover: | | Buildings / Contents / Contents Away from Home / Home Emergency / Legal protection | | | | | | |
| Are premiums up to date: Yes / No | | | | | Claims: Yes / No (If Yes, please provide details below) | | | |
| Date | Coverage(s) | | | | Peril | | | Amount paid |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Details of refund considered: 50% /100% / Other…… | | | | | | Company Stamp: (not the broker) | | |
| Name of insurance Company: | | | | | |  | | |
| Signed: | | |  | | |
| Name: | | |  | | |
| Date: | | |  | | |