



887 South West Highway
Byford WA 6122

Postal Address:
PO Box 55
BYFORD WA 6122

Phone: (08) 9525 4100
Fax: (08) 9526 2867
www.byfordaccountants.com.au

Personal Insurance Enquiry Form

Last Name _____ Given Names _____

Address _____ Phone Work _____

_____ Phone AH _____

Date of Birth _____ Smoker Yes / No

Occupation _____ Gross Annual Income _____

Existing Insurance

Company Name	Type of Policy	Policy Number	Current Value
_____	_____	_____	_____
_____	_____	_____	_____

Details required for Quote

Type of Policy _____ Income Protection / Life Insurance

If Life Insurance Death Benefit _____

 Disability Benefit _____

 Trauma Benefit _____

Waiting Period (Circle)	14 Day Wait	30 Day Wait
	60 Day Wait	90 Day Wait

Please fax completed form to (08) 9526 2867
If you need help to complete this form, please call (08) 9525 4100