DUAL INSURANCE FORM

Broker: Broker external policy number:

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| 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 |

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| 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: |  |