



MEDICAL INSURANCE CONSULTANTS

Vets Locum & Practice Expenses Insurance Enquiry Form

Step 1 – To obtain a Locum & Practice Expenses quotation please complete sections A & B.

Step 2 – For us to contact you nearer to your renewal date please complete sections A & C.

Step 3 – Return the completed form to MIC, Park House, 45 The Park, Hendford, Yeovil, Somerset, BA20 1DF or by fax to 01935 422120 or by email to enquiries@m-i-c.co.uk

Section A

Practice Name:			
Contact Name:			
Address:			
Tel. No:		Email:	

Section B - Locum & Practice Expenses Insurance Requirements

Name	Gender M/F	Date of Birth	Weekly Benefit	Deferred Period
		/ /	£	weeks
		/ /	£	weeks
		/ /	£	weeks
		/ /	£	weeks
		/ /	£	weeks
		/ /	£	weeks
		/ /	£	weeks
		/ /	£	weeks
		/ /	£	weeks

Section C

Our Renewal Date is (Insert date) Please contact me closer to the Renewal Date.

I would also like a quotation for the following (tick appropriate box):

- INCOME PROTECTION CRITICAL ILLNESS HOUSEHOLD INSURANCE
- MORTGAGE PROTECTION TERM ASSURANCE LEGAL EXPENSES
- STAFF SICKNESS SCHEME BUY TO LET INSURANCE

FOR FURTHER INFORMATION CALL OUR ADVICE LINE ON FREEPHONE 0800 163870

WEBV0412