

QUOTE REQUEST FORM

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

**To receive a quote, please fill in your information and we will contact you shortly.
 Required fields are marked with a star and must be completed in order to submit your quote.**

Full name (*) _____

Email (*) _____

Telephone number _____ Cellphone number (*) _____

How should we contact you? Email Phone

Are you a Broker or an employee of a Brokerage? (*) Yes No

If so, please provide the name of the Brokerage _____

HORSE INSURANCE

Address where Horse is kept _____

Horse's name _____

Age (years) (*) _____ Colour _____

Gender _____ Use (*) _____

Insured value (*) R _____

TACK INSURANCE

Please list your tack and provide an insured value for each item.

Description	Value
_____	R _____
_____	R _____
_____	R _____
_____	R _____
_____	R _____
_____	R _____

HORSEBOX INSURANCE

Horsebox make and model _____

Insured value R _____

ADDITIONAL INFORMATION

Please list additional information.