



# STONEGUARD 'ALL RISK' APPLICATION FORM

**HOW TO ARRANGE COVER. Please write in BLOCK letters.**

Please complete the form below and return to:

Dept SG, Bridge Insurance Brokers Limited

Cobac House, 14-16 Charlotte Street, Manchester M1 4FL

Name

Address

City

Postcode

Name of Deceased

Cemetery

Memorial value (incl VAT)

The premium cheque/postal order \* for £..... is enclosed, made payable to **Bridge Insurance Brokers Limited**. Please show your name and address on the back. *\*Please do not send cash by post.*

**If you wish to pay by credit/debit card we will contact you by telephone once we receive your application form.**

I/we hereby declare that at the time of signing this application, I/we am/are aged 18 years or above and that the stone or memorial to be insured is in good repair.

I/we declare to the best of my/our knowledge and belief that the above statements are true and complete and will form part of the contract between me/us and the Insurer.

I/we understand that cover will commence with immediate effect upon receipt of the premium and this application form.

Contact Tel No

Email

DOB

## Details of Memorial Mason where stone was purchased

Name

Address

Signature

Date



## INTRODUCER DETAILS:

**Douch Family Funeral Directors**

7 Leigh Rd, Wimborne BH21 1AB

01202 367 307