



## Insurance Referral Form

<b>Referral Date:</b>	16th Dec 2025
<b>Property Details</b>	
<b>Insurance:</b>	Drew Joyce
<b>Policy Type:</b>	new
<b>Rental Property Address:</b>	3, address1, address2, address3, 897896
<b>Post Code:</b>	897896
<b>No of bedrooms:</b>	1
<b>LHA Rate (Rent PCM in £):</b>	1990
<b>Tenant Details</b>	
<b>Tenant(s) name:</b>	Eu Rdsa
<b>Email Address:</b>	gipefi@mailinator.com
<b>Tenancy Term:</b>	1 year
<b>AST Start Date:</b>	30th Dec 2025
<b>Policy Start Date:</b>	18th Dec 2025
<b>Policy Holder Details</b>	
<b>Policy for:</b>	I'm an Landlord
<b>Policy Holder Type:</b>	Both
<b>Company/Organization:</b>	DBT
<b>Name:</b>	Mr Adam Sunt
<b>Landlord/Agent Primary Address:</b>	add1, add2, 768699
<b>Postcode:</b>	
<b>Contact No:</b>	9086785435

<b>Email Address:</b>	dcstest201@gmail.com
<b>Council Details (From which the tenant is from)</b>	
<b>Council Name:</b>	Sunt Fusto
<b>Council officer Name:</b>	Voluptatem Nemo
<b>Council_officer_email:</b>	virow@mailinator.com
<b>Referral Name:</b>	Est Fonse
<b>Referral Email:</b>	dcstest204@gmail.com

Moneywise Investments Plc