

Insurance Referral Form

Referral Date:	9th Oct 2025
Property Details	
Insurance:	Landlord Legal Expenses & Rent Guarantee Insurance - MW
Policy Type:	renewal
Rental Property Address:	4, jfgk, 769779
Post Code:	769779
No of bedrooms:	3
LHA Rate (Rent PCM in £):	33
Tenant Details	
Tenant(s) name:	Dolore ab consequatu
Email Address:	riraf@mailinator.com
Contact No:	87
Tenancy Term:	1 year
AST Start Date:	12th Oct 2025
Policy Start Date:	12th Oct 2025
Policy Holder Details	
Policy for:	I'm an Agent
Policy Holder Type:	Both
Company/Organization:	gsdb
Name:	Mr fgd dfhdf
Landlord/Agent Primary Address:	

Postcode:	
Contact No:	797609760
Email Address:	dcstest201@gmail.com
Council Details (From which the tenant is from)	
Council Name:	Enim expedita corrup
Council officer Name:	Dolorum officiis
Council_officer_email:	xinoto@mailinator.com
Referral Name:	Quis nulla autem inv
Referral Email:	kozehi@mailinator.com

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