

Physical Address:
41st Street (Balboa Avenue)
IPASA Bldg. 3rd Floor.
Panama City, Panama



Mailing Address:
P. O. Box: 0819-04215
Panama City, Panama
Fax: (507) 227-7485
Tel: (507) 227-6645

PROPERTY (FIRE), HEALTH, LIFE & CAR INSURANCE:

Insurance is a contract (policy) in which an individual or entity receives financial protection or reimbursement against losses. It protects from the consequences of financial loss from death, accidents, sicknesses, damage to property, and injury caused to others (depending on the type of insurance hired).

We recommend getting property insurance, if you have bought a property in Panama; health insurance if you live, retire or plan to retire in Panama, or you fly very often; life insurance where ever you live; and car insurance if you have bought a car in Panama.

Note: Panama Offshore Legal Services does not sell neither issues Insurance Policy, we will introduce you with a very professional Licensed Insurance Broker who will provide you a quotation for the insurance of your interest (please kindly select your interest):

Please kindly send me a quotation to the following contact, of the selected insurance (please complete your contact information and select your insurance of choice):

Name: _____ Id: _____
 Nationality: _____ e-mail: _____
 Phone: _____ cell: _____ Fax: _____

O Property (Fire) Insurance:

Property Registered Owner: _____
 Property (Finca) number: _____ Province: _____
 Type: Apartment, House, Farm Land, Office (commercial), Other _____
 Location: _____
 Description: _____

O Health Insurance:

Name: _____ Age: ____ Birth date: D:____M:____Y:_____
 Name (parent): _____ Age: ____ Birth date: D:____M:____Y:_____
 Name (parent): _____ Age: ____ Birth date: D:____M:____Y:_____
 Name (spouse): _____ Age: ____ Birth date: D:____M:____Y:_____
 Name (children): _____ Age: ____ Birth date: D:____M:____Y:_____
 Name (children): _____ Age: ____ Birth date: D:____M:____Y:_____
 Name (children): _____ Age: ____ Birth date: D:____M:____Y:_____

O Life Insurance:

Name: _____ Age: ____ Birth date: D:____M:____Y:_____
 Beneficiary: _____ Id: _____
 Beneficiary: _____ Id: _____

O Car Insurance:

Brand: _____ Model: _____ Type: _____ Year: _____
 Color: _____ Insurance amount: _____

Please fax this form to our Panama fax number ++(507)227-7485 or to our U.S.A. fax number 1-800-716-3452.