

Motor Quotation Sheet

Full Name (including title):

Date of Birth: Age:

Marital Status:

Employed/Self Employed: Occupation:

Business: Company Name:

Address (Including Postcode):

Daytime Telephone No.: Mobile:

Date Cover Required: Time: am/pm

Cover Type: Comprehensive Third Party, Fire & Theft Third Party Only

About Your Vehicle(s)

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Make of Vehicle	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Model	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Type (L,LX,CDi)	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Engine Capacity	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Registration	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Year Made	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
UK Registered (Yes/No)	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Value	£ <input style="width: 80%; height: 15px;" type="text"/>	£ <input style="width: 80%; height: 15px;" type="text"/>	£ <input style="width: 80%; height: 15px;" type="text"/>	£ <input style="width: 80%; height: 15px;" type="text"/>
Purchase Date	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Name of Keeper	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Name of Owner	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Where Parked *	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Number of Seats	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Number of Doors	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Body Style **	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Transmission	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Fuel Type	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Left Hand Drive	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Modifications ***	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Immobiliser Type	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Alarm Type	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Tracker Type	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Years Claim Free	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Company Vehicle or Personal	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Who will Drive	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>
Class of Use****	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 90%; height: 15px;" type="text"/>

* Is the Vehicle parked in a garage, on the drive, on the street etc.
 ** Is the Vehicle a Hatch Back, Saloon, Coupe etc.
 *** If there are modifications please provide full details
 **** SD&P Social Domestic & Pleasure inc Commuting
 Class 1 SD&P inc commuting and in connection with your profession (subject to all meetings being pre-arranged)
 Class 2 Use by other persons in connection with your business & SD&P
 Class 3 Commercial Travelling & SD&P

Drivers Details

	Proposer	Driver 2	Driver 3	Driver 4
Title	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Proposer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part time Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years Resident	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Licence Type Full/Provisional	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Period Held	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country Issued	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Main user of which vehicle?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual Mileage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you have use of another vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Accident Details

Please tick here if there are no accident details to report.

	Accident 1	Accident 2	Accident 3	Accident 4
Driver Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Incident	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Claim Amount	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
NCB Affected	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
At Fault	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal Injury	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TP Costs	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Conviction Details

Please tick here if there are no conviction details to report.

	Conviction 1	Conviction 2	Conviction 3	Conviction 4
Driver Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Offence Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Conviction Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Conviction Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fine	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Points	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disqualified	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Disabilities

Please tick here if there are no disability details to report

	Disability 1	Disability 2	Disability 3	Disability 4
Driver Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Information

Have you or anyone likely to drive:

Lived outside the United Kingdom in the last three years? Yes No

Had motor insurance refused or cancelled or had to meet special terms? Yes No

Had any other convictions? Yes No

Been disqualified from driving? Yes No

Will your vehicle be used outside the UK? Yes No

If you have answered Yes, to any of these questions, please provide details below:

If there is any additional information you would like to disclose which is not included in this form, please provide details below:

To make sure you get the best offer from insurers, now or at any renewal or at any time and to protect their customers from fraud and to verify your identity, they may use publicly available data obtained from a variety of sources, including a credit reference agency and other external organisations. Their search will appear on your credit report whether or not your applications proceed.

As well as these searches insurance companies may use a credit check to ascertain the most appropriate payment options for you. This credit check will also appear on your credit report whether or not your applications proceed.

Please tick here if you **do not** give your consent to a credit check.

This quotation Sheet is completed for the purpose of providing a quotation only and if cover is incepted a separate proposal form may be required by your insurer.