

Company name:

Contact person:

Tel:

Email:

OAK

A Member of the  Zurich Insurance Group

PRIVATE CLIENT
FAMILY MOTOR FLEET INSURANCE
QUOTATION FORM

CLIENT DETAILS

First name(s):

Surname:

Address:

Postcode:

POLICY DETAILS

Inception/renewal date:

Current insurer:

Renewal premium/excess:

Target premium/insurer:

DETAILS OF VEHICLES TO BE INSURED

	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
Make:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Model (exact details):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine size (cc) or GVW:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of manufacture:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of purchase:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current market value:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the vehicle fitted with an immobiliser and/or a tracking device (if so, please provide details of make and model)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Has the vehicle been modified or changed in any way from the manufacturer's original specification?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the vehicle left hand drive?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the vehicle kept at the address shown above (if not, please provide details)?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Where is the vehicle parked overnight, e.g. garage, drive, road?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is the garage and/or home alarmed (if so, please provide the signalling method, whether NSI approved and if the garage's alarm is connected to the house)?				
Are there any other security features at the home, e.g. CCTV, electric gates?				
Where is the vehicle parked during daytime, e.g. car park at train station, car park at work, home?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are the vehicles used daily (if so, please provide postcode of usual daily location including details of security at place of work, e.g. CCTV, security guards, lock or swipe card entry and/or exit)?				
Cover?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Use?	<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"/>
Main user of each vehicle?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driving restriction?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please advise the number of vehicles in the household:				

If there are more than 4 vehicles please complete an additional form.

NO CLAIM BONUS

	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
Number of years NCB?				
Is guaranteed NCB required?				

DETAILS OF DRIVERS TO BE INSURED

	DRIVER 1	DRIVER 2	DRIVER 3	DRIVER 4
Name:				
Date of birth:				
Gender:				
Occupation – full-time:				
Nature of business – full-time:				
Occupation – part-time:				
Nature of business – part-time:				
Marital status:				
Type of driving licence held, e.g. full UK, provisional UK, EU, International:				
Date driving test passed (if provisional, please provide the licence start date):				
UK resident since birth (if not, please provide the number of years of continuous residency in the UK)?				
Relationship to client:				
Does the driver reside with the client at the address shown previously (if not, please provide details)?				
VAT registered?				
Has the client or any person who may drive:				
- ever been charged with or convicted of any non-motoring offence or is any such prosecution pending?				
- been charged with or convicted of any motoring offence (including fixed penalty offences such as speeding) within the last 5 years or is any such prosecution pending?				
- been involved in any accident, claim or loss (including losses by fire, theft or malicious acts), regardless of blame, in the last 3 years?				
- a medical condition that should be notified to DVLA and/or have a restricted driving licence?				
- ever had a policy of motor insurance refused or cancelled or had a claim repudiated (if yes, please provide full details)?				
- a County Court Judgement, been declared bankrupt or entered into an Individual Voluntary Arrangement?				
Please provide details of previous performance and sport car experience, including details of what has been driven, how long ago and for what period of time (in years/months):				

If there are more than 4 drivers please complete an additional form.

ADDITIONAL INFORMATION

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