

# Get A Quote-Fleet



**Same Day Quick  
Quote Form**

**Fax to: 0870 4607097**

**Tel No: 0870 4607099**

## Broker Details

Broker	
Branch	
Postcode	
Tel No	
Fax No	
Email	
Contact	

Date Cover Required:

Target Premium:

Client		Years Established	
Company		Max. Indemnity Value Per Vehicle	
Street No		Excess Amount—Min £350	
Postcode		State Type of Cover Required—Please Tick	
Existing Client		Comprehensive	
Type of Business		Third Party Fire & Theft	
		Third Party Only	

Names of Partners / Directors	Age

Use Required (All policies Include Social, Domestic & Pleasure) - Please Tick as Required

Business Purposes excluding Goods		Business Purposes—Private Hire	
Business Purposes including the carriage of own Goods		Business Purposes—Public Hire	
Business Purposes including the carriage of other peoples Goods			

Where carried , state nature of Goods carried including any Hazardous Goods

Please answer—Yes or No as applicable

Will any vehicles be used abroad for Business	
Are Drivers permitted to take vehicles home at night	

Where are vehicles stored overnight

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Complete Details below or attach separate schedule

## Vehicles

Vehicle Make	Model	C.C. Or GVW	Value	Registration No:

## Drivers

Please Tick as Required

Any Driver 21-70		Any Driver 25-70	
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**Or if Named Drivers, please complete details below**

Name	Age	Position in Company	Years License Held

Give details of any driver with accident, claim or loss within the last 3 years, stating circumstances and costs including outstanding estimates or attach latest claims experience

Give details of any driver with a medical condition

### INTERNAL USE ONLY

Received by / Date		
Quoted by / Date		