

My Personal Finances Limited

Catchpell House, Carpet Lane,
Edinburgh EH6 6SP.

Insurance: www.mybrokers.co.uk

Investments: www.myinvestmentcentre.co.uk

Personal Finance: www.mypersonalfinance.co.uk

Introducer Name	<input type="text"/>
Introducer Code	<input type="text"/>
Notes	<input type="text"/>

Freephone: 0800 409 6060

Fax: 0131 538 4444

email: mail@mybrokers.co.uk

Fleet Insurance Quote Form

ABOUT THE BUSINESS (Applicant will be name of insured on Certificate of Insurance)

Name of Applicant	<input type="text"/>
Legal Status (Ltd/Partnership/Sole Trader)	<input type="text"/>
Trade/Business Description	<input type="text"/>
Date Established	<input type="text"/> (if new venture, years of experience) <input type="text"/>
Contact Name	<input type="text"/>
Business Address	<input type="text"/>
	Post Code
Telephone Number	<input type="text"/>
	Fax No
Email Address	<input type="text"/>

INSURANCE DETAILS (If vehicles have different usage please indicate in the schedule of vehicles section)

Cover Required	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party, Fire & Theft	<input type="checkbox"/> Third Party Only
Use Required (Cars)	<input type="checkbox"/> Social Domestic & Pleasure	<input type="checkbox"/> SD&P & Commuting	<input type="checkbox"/> Business incl. travelling
Use Required (other)	<input type="checkbox"/> Own Goods	<input type="checkbox"/> Haulage	<input type="checkbox"/> Other
Description Of Goods Carried	<input type="text"/>		
Hazardous Goods Carried	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do You Work Airside	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Foreign Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency <input type="text"/>
Territories Of Use	<input type="text"/>		

DRIVING WARRANTY

Please indicate the basics of insurance required:

Any licensed driver	<input type="checkbox"/>
Any licensed driver over 21 and under 65 (other than named and approved)	<input type="checkbox"/>
Any licensed driver over 25 and under 65 (other than named and approved)	<input type="checkbox"/>
Any licensed driver over 25 and under 65, having held a full license for two or more years. (other than named and approved)	<input type="checkbox"/>

DRIVERS & CLAIMS

Details of ALL drivers UNDER 25 or OVER 65 years of age or LESS THAN 2 YEARS full licence

No.	Drivers Surname	Initials	Title	Date of Birth	Licence Full/Prov	Licence Years	Claims Yes/No	Convs Yes/No	Medical Yes/No
1									
2									
3									
4									
5									
6									

Details of ALL Drivers with ACCIDENT OR CLAIMS HISTORY in the LAST 3 YEARS

No.	Drivers Surname	Initials	Title	Accident Date	Circumstances	Total Costs
1						
2						
3						
4						
5						
6						

Details of ALL convictions involving a DRIVING BAN, and drivers with more than six points on their license

No.	Drivers Surname	Initials	Title	Offence Date	Offence Code	Fine £	Disqualification Period
1							
2							
3							
4							
5							
6							

Details of ALL drivers with MEDICAL CONDITIONS

No.	Drivers Surname	Initials	Title	Medical Condition	Medication Taken	Terms Imposed by DVLA
1						
2						
3						
4						
5						
6						

RISK MANAGEMENT

	Y	N	If yes (details)
Do you implement any driving training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are drivers responsible for the excess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Do you hire agency, temporary or casual drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are any other procedures undertaken to manage the fleet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

CURRENT INSURANCE DETAILS

Insurer	<input type="text"/>
Excess	<input type="text"/>
Renewal Date	<input type="text"/>
Premium Paid Last Year	<input type="text"/>

For existing fleets we require a copy of your official 3-year claims experience from your current insurer before we can provide any quote.

ADDITIONAL NOTES

DECLARATION

In signing this declaration I confirm that the information provided reflects the businesses current situation and understand the information supplied may be stored on computer records and may be passed to an authorised panel of insurance specialists to ensure I receive the best price and service for my insurance requirements.

Name	<input type="text"/>	Signature	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>