

MOTOR FLEET QUOTATION FORM

Client Name:

Business address:

Trade:

Year established:

Current Insurer:

Current Premium:

In order to obtain a quotation, we will require your previous/current insurers confirmed claims experience for the last three years (this can be obtained from your previous/current insurer or insurance adviser). *Please attach a copy when sending us this form.*

If you have not previously held any fleet insurance then we will require details of any No Claim Bonus earned per vehicle.

The following question apply to the Principal, Partner, Director completing this form including other businesses for which similar positions have been held:

- 1) Has any insurer ever refused or imposed any special terms on any insurance policy? **Yes / No**
- 2) Ever been made Bankrupt or involved as a director of a company which went into Liquidation? **Yes / No**
- 3) Does the company carry any hazardous chemicals in any vehicles? **Yes / No** (if yes then please provide full details on a separate sheet)

On the following pages, please provide full details of vehicles and drivers. If you are unsure about any question or information we require, please contact us on 0870 300 7264 or email us info@direct2networks.co.uk

If you require a Liability quote then please contact us or provide the following details:

Total number of Employees:

Annual Wage roll £

Annual Turnover £

Vehicle Schedule: (Minimum 3 vehicles)

Make & Model	Engine C/C	GVW	Reg	Value	Cover (please tick)		
					Comp	TPFT	TP

Drivers: This should be all known drivers or state any authorised driver and youngest age

Name	Residential Post Code	Details of any Convictions
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		

Please continue on separate sheet if required.