



Vehicle Insurance Quotation

About You

Contact Name:
Policy to be in name of:
Correspondence address:
Telephone Number:
Email Address:
Your Date of Birth:
Date you passed your test:

Your Business

Number of years trading:
If less than 1 year please advise past experience:

Your Current Policy

Insurance Company:
Broker:
Renewal Date:
Approximate Premium: £.....

Your Vehicles

Your vehicle(s) is used for: Social Domestic & Pleasure (SD&P) / Private Hire Other
If you have selected Private Hire or Other please advise:
Details of typical work:
Do you operate a Stage service: Yes / No If Yes, provide details:
Do you operate a public Hire ie. taxi Yes / No

Your Vehicle(s)

Table with 3 columns: Vehicle 1, Vehicle 2, Vehicle 3. Rows include: Make & Model, Registration, Number of seats, Year of Manufacture, Value.

Level of cover
(ie. Comp / TPFT / TPO)

Number of years
No Claims Discount to apply
if applicable:

Please note it is important that this is accurate as evidence of this will be sought if you proceed with a policy.

If you have a fleet of more than 3 vehicles then please provide a fleet schedule

Drivers

Please confirm that:

Drivers are aged between 25 and 75 years of age Yes / No

Drivers hold the relevant licence to drive Yes / No

Drivers have held a PSV licence for more that 2 years Yes / No

Drivers do not hold any points or convictions Yes / No

Drivers do not have any illness, disability or infirmity Yes / No

You have not had a previous declinature, special
terms imposed or policy cancelled by an insurer Yes / No

If you have answered "No" to any of the above please provide a full explanation

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Employers Liability: £ 10 million standard cover

Annual Wageroll £.....

Number of Drivers

Public Liability: £ 2 5 10 million

Annual Turnover £.....

Breakdown cover: Required / Not Required

Claims History:

NCD rated policies: Advise of any claims in the last 3 years below.

<i>Date</i>	<i>Brief description</i>	<i>Settled at (£)</i>
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Fleet rated policies: If your policy is Fleet rated then we will require a copy of your Confirmed Claims Experience covering your last 3 insurance years. Your broker should automatically issue this to you 3 weeks prior to renewal date, however you may need to request this. *Please note: we are unable to provide a quotation without your confirmed claims experience*

Completed by:

Signed: Position:

Please return to:

Email: fleetquote@rigtoninsurance.co.uk Fax: 01943 875529

Post to: Rigton Insurance Services Ltd, Chevin House, Otley Road, Guiseley, LEEDS, LS208BH