

HAVEN INSURANCE COMPANY LIMITED

MOTOR INSURANCE QUOTE SHEET

Broker

Office

Email quote to: agentquote@graniteunderwriting.co.uk

Fax quote to: 0844 482 4025

1. CLIENTS DETAILS

Title:	Surname:	Address:
Forename(s):		
Employer:	Post Code	

2. VEHICLE DETAILS

Make & Model	C.C.	Year	Date of Purchase	Value	Registration Mark	Is Car L.H.D.	Any Modifications?
Vehicle Type	Saloon / Hatchback / Estate / Cabriolet / Coupe / Van / Tipper / Refridgerated Van						
Where is the vehicle parked overnight							
Is this vehicle currently in the Police Impound ?				YES / NO			

3. USE REQUIRED

4. EXPERIENCE

A	Social, Domestic & Pleasure Excluding Commuting	No. of Yrs. No Claims Bonus available to transfer to this vehicle?	
B	Social, Domestic & Pleasure & Commuting by Proposer only	Was the NCB earned in the UK	YES / NO
C	Social, Domestic & Pleasure & Commuting by Proposer and Spouse	What type of policy was the NCB earned ?	ie Car, Van, Motortrade
D	Social, Domestic & Pleasure & Business Use by Proposer only	Annual Pleasure Mileage	
E	Social, Domestic & Pleasure & Business Use by Any Named Driver	Annual Business Mileage	
F	Social, Domestic & Pleasure & Carriage of Own Goods		
G	Social, Domestic & Pleasure & Carriage of Goods for Hire & Reward		

5. GIVE THE FOLLOWING DETAILS ABOUT YOURSELF AND ALL PERSONS WHO TO YOUR KNOWLEDGE WILL DRIVE THE CAR SHOWING CLEARLY WHO IS THE MAIN USER.

NOTE: Policy cover is restricted to Proposer and 3 named drivers only.

Full Name	Date of Birth	Occupation inc. any part-time employment	Employers Business	Type of Licence	Date Test Passed	Main User
Proposer						

Have all drivers been UK resident over 12yrs ? YES / NO

If not, please confirm drivers details on next page.

6. POLICY DETAILS

When do you require cover to start:		Level of cover required:	COMP / TPFT / TPO
Policy Period Required (months)	1 or 12		

7. DRIVERS HISTORY AND EXPERIENCE

Have you or any person who to your knowledge will drive:

a) been convicted of any motoring offence during the last 5 years or is any prosecution pending?	Yes		No	
b) ever been disqualified from driving or had a driving licence suspended or revoked?	Yes		No	
c) ever had a motor vehicle insurance policy cancelled or refused or ever had special terms imposed?	Yes		No	
d) suffered from diabetes, epilepsy, heart disorder, defective vision or hearing, loss of use of any limb or any mental or physical infirmity?	Yes		No	
e) In the last 5 years been involved in any accident/loss, whether to blame or not , with any motor vehicle either owned or driven?	Yes		No	
f) been convicted of a criminal offence that should be disclosed under the Rehabilitation of Offenders act?	Yes		No	

If the answer to any of these questions is YES, please give details

Name Of Driver	Date of Offence	Date of Conviction	Offence Code	Fine Imposed	Number of Penalty Points	Length of Ban

Name Of Driver	Date of accident	Type ie. Accident / Theft / Fire / Windscreen	Insured Costs	TPCosts	Is the claim, Fault, Non-Fault or Pending?

8. ADDITIONAL INFORMATION ie. Details of Criminal Convictions / List of Modifications

Empty space for additional information
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