

Date: _____

Quote Fact Sheet

Agent's Name: _____

Office: _____

Policyholder Details

Name			Marital Status		
Address			Occupation		
			Residential Status		
Have you had a County Court Judgement registered against you in the past six years and/or defaulted on any credit agreement?					Yes / No
UK Residency		Gender		Home Owner	Yes / No

Cover

Cover to start at	____/____/____	Driving restriction	
Type of cover		NCB:	

Vehicle Details

Make and Precise Model			CC	____cc	Body Type	
Registration number		Year of first registration		Is the vehicle Q Plated?		Yes / No
Estimated Value	£_____	Estimated annual mileage	_____miles	Has the vehicle been imported?		Yes / No
Purchase date	____/____/____	Number of Seats		Vehicle owned by		
Vehicles Modifications?	Yes / No			Registered keeper		
If 'Yes' please provide full details below.						

State the address at which the vehicle is normally kept		Overnight Location		Left/Right Hand Drive	Left / Right
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Statement of Facts

	Driver 1	Driver 2	Driver 3	Driver 4
Full Name				
Marital Status & Gender				
Date of Birth & Age				
UK Residency (years)				
Type of driving licence held				
Restrictions to licence				
Period driving licence held (years)				
Date driving test passed				
Occupation (1 st occupation)				
Nature of employers' business (1 st occupation)				
Employment Status (1 st occupation)				
Occupation (2 nd occupation if applicable)				
Employers' business (2 nd occupation if applicable)				
Employment Status (2 nd occupation if applicable)				
Relationship of this driver to the Proposer				
Are you the Main User of this vehicle?	Yes / No	Yes / No	Yes / No	Yes / No
Nature of this driver's use of this vehicle?				
Does this driver own another vehicle?	Yes / No	Yes / No	Yes / No	Yes / No
Does this driver have use of another vehicle?	Yes / No	Yes / No	Yes / No	Yes / No
If 'Yes' please provide details to all the below				
Have you been convicted of any non-motoring offence, including offences relating to theft, fraud or dishonesty? *	Yes / No	Yes / No	Yes / No	Yes / No
Have you any prosecution or police enquiry pending? *	Yes / No	Yes / No	Yes / No	Yes / No
Have you been disqualified from driving? *	Yes / No	Yes / No	Yes / No	Yes / No
Have you been declined or refused any type of insurance or had any special term imposed? *	Yes / No	Yes / No	Yes / No	Yes / No
Have you had previous terms applied? *	Yes / No	Yes / No	Yes / No	Yes / No

Driving History

Claims

Have you or any person who may drive been involved in any accident, claim or loss (including loss by fire, theft or malicious acts), irrespective of blame, during the past five years?

Yes / No

If 'Yes' please provide full details below.

Driver Name	Date	Claim Type	Claim Status	NCD Affected	At fault?	Costs (£)
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		

*or would have had if not been for the operation of No Claims Discount Protection

Convictions

Have you or any person who may drive been convicted of any motoring offences, including fixed penalty offences, within the last five years?

Yes / No

If 'Yes' please provide full details below.

Driver Name	Date	Motoring Offence Code	Alcohol Reading (if any)	Fine (£)	Penalty Points	Disqualification Period (Months)

Medical

Does any driver suffer from a notifiable medical condition not notified to DVLA or any condition for which DVLA have restricted the licence?

Yes / No

If 'Yes' please provide full details below.

Driver Name	Nature of Condition	Date of onset	DVLA Advised?
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No