

BOND LOVIS Single & Family Fleet Quotation Form

1. Agency Details FAX ONLY QUOTATIONS

Please use block capitals and attach any other relevant information

Broker Name	<input type="text"/>	Fax no BROKERS	<input type="text"/>
Contact Name	<input type="text"/>	Tel no BROKERS	<input type="text"/>
Inception date/TARGET RATE	<input type="text"/>	Markets approached	<input type="text"/>

2. Client Details

Client name	<input type="text"/>	Partner/Joint insured	<input type="text"/>
Date of birth	<input type="text"/>	Date of birth	<input type="text"/>
Client address	<input type="text"/>	Occupation and nature of employer's business (or own, if self employed)	<input type="text"/>
Occupation and nature of employer's business (or own, if self employed)	<input type="text"/>	Do you hold this case? Yes/No	<input type="text"/>

3. Car Details (PERFORMANCE VEHICLES REQUIRE TWO YEAR DRIVING HISTORY OF OWNERSHIP OR USE OF SIMILAR TYPE CARS).

	Car 1	Car 2	Car 3	Car 4
Registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Make of car	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Model	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of make	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine size	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated present value £	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PURCHASE DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is car right hand drive	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any modifications, alterations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Where is the car kept overnight?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode where the car is	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual mileage (000's)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of tracking device fitted?(MODEL). (please give details)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driving restrictions (insured & spouse, named drivers etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who will drive? (please State)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Main user	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No claim discount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require no claims PROTECTION				
Class of use				
Registered Keeper				
Current insurer				
MEDICAL CONDITIONS				

4. Classic Car Details

(Vehicle over 20 years old)			General condition (please tick)			
Registration number	Current reading	Annual mileage required	Excellent	Good	Average	Poor

5. Drivers

Please give details below of yourself and anyone who is likely to drive the cars:

Name	Date of birth	Occupation and employers business	Claims Yes or No (please give details)	Convictions Yes or No (please give details)	Licence type/	Date obtained

Please attach a 2nd sheet if further details are required
 Licence types: F = Full licence, P = Provisional UK licence, Eu = European, Int = International

Please state number of cars in your household – including company cars

In respect of any person who may drive, has any insurer:

a) increased the premium or imposed special conditions? Yes No

b) refused to issue a policy, cancelled cover, or refused to renew your policy cover Yes No

If you have ticked yes in either a) or b) boxes, please give full details below

6. Convictions in last 5 years or any disqualifications

Name of driver	Date of conviction	Conviction code	Fine	No. points	Ban length

7. Accidents, Thefts or Losses in last 5 years.

Name of driver	Date of accident	Description – e.g. theft/total loss	Own cost T/P costs	Personal injury	NCB affected

Additional information: