



Agent: _____ Ref: _____ Date: _____
 Fax No: _____ Tel No: _____
 Client Name: _____ Client Postcode: _____
 Address: _____
 Business Description including all contract work: _____
 Date Established: _____

Schedule of Vehicles - Please ensure that you specify the exact use for each vehicle:
 A – Private car for SD&P only
 B – Executive Chauffeur Vehicle for pre booked work only (please always provide details of all contracts)
 C – Private car for own business use
 D – Hearse
 E – Mourners car
 F – Wedding car and/or funeral car
 G – Commercial vehicle (van) for use in connection with the Insured’s declared business
 H – Contract work only (e.g. Airport Shuttles, etc. – please always provide details of all contracts)
 I – Use not specified or additional use, please detail below

	Make/Model	Seats	CC/GVW	Year	Value	NCB	Cover	Use
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
(1) - Additional Vehicle Use								

(Please complete a separate quotation form for additional vehicles)

Claims (Please provide full details of any incidents including full costs incurred by the insured and the Third Party within the last three years, use a separate sheet if necessary):

Driving Restrictions: _____

(If IOD or named drivers, please provide DOB(s) _____

Convictions: _____ Excess: _____

Present Insurers/Target Premium: _____ Renewal Date/Deadline: _____

HELD ATTACKING SUB AGENT INTRODUCTION