



Agent: _____ **Quotation Reference** _____ **Premium:** _____

Client Name: _____

Address: _____ Postcode: _____

Inception Date: _____ Excess: _____ Driving Restriction: _____

Named Drivers: _____

Schedule of Vehicles at Inception								
	Make/Model	Passenger Seats	CC	Year	Value	Cover	Reg. No.	Use
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

Please complete an additional sheet with any further vehicles.

Payment by instalments

Should your client wish to pay by our direct debit facility, please complete the client’s bank details below and this will be processed immediately (No form is needed). You must collect a deposit of 20% of the inception premium; the balance will be funded over 9 monthly instalments via our current finance arrangement, at a credit charge of 8.5% (19.7% APR) Confirmation of the payments will be forwarded to the client prior to any instalments being collected. (Full details are available if required)

Direct Debit payment request			
Account name		Bank and Branch	
Sort code		Account No.	

Conditions of acceptance

Your Terms of Business Agreement (ToBA) states, **“At no time are you authorised to place risks, with TFP Schemes, on behalf of other agents”**. Therefore you must have direct control over the client

The premium shown must be paid within 28 days of inception of cover. We may, by prior arrangement, agree to extend these terms if you wish to use your own credit facility, this must be agreed with our office at inception. New Business documents, including claims experience or proof of no claims discount, must be received within 14 days of inception. We require a copy of all driving licences within 28 days of inception.

Agent Signature: _____ Date: _____