



Agent: \_\_\_\_\_ Agency No: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Fax No: \_\_\_\_\_ Tel No: \_\_\_\_\_ Date: \_\_\_\_\_  
 Client Name: \_\_\_\_\_ Client Postcode: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date Established: \_\_\_\_\_ Local Licensing Office: \_\_\_\_\_

Schedule of Vehicles								
	Make/Model	Seats	CC	Year	Value	NCB	Cover	Use
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

Driving Restrictions: \_\_\_\_\_ No. of Drivers: \_\_\_\_\_ Excess: \_\_\_\_\_

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):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Convictions: \_\_\_\_\_

**Present Insurers:** \_\_\_\_\_ **Target Premium:** \_\_\_\_\_ **Deadline:** \_\_\_\_\_

HELD  ATTACKING  SUB AGENT INTRODUCTION

(Please complete in all cases)