



**Agent:** \_\_\_\_\_ **Quotation Reference** \_\_\_\_\_ **Premium:** \_\_\_\_\_

Fax No: \_\_\_\_\_ Tel No: \_\_\_\_\_

Client Name: \_\_\_\_\_ Postcode: \_\_\_\_\_

Address: \_\_\_\_\_

Inception Date \_\_\_\_\_ Licensing Authority: \_\_\_\_\_

Public Liability Limit of Indemnity £ 5 million	Yes / No
Public Liability Limit of Indemnity £ 10 million	Yes / No
Employers Liability Limit of Indemnity £ 10 million	Yes / No
Premises Liability Limit of Indemnity £ 2 million	Yes / No
Number of Vehicles	Total number of drivers
Registration Numbers	Registration Numbers
Registration Numbers	Registration Numbers
Registration Numbers	Registration Numbers
Registration Numbers	Registration Numbers
Registration Numbers	Registration Numbers
Registration Numbers	Registration Numbers

**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. The Proposal Form must be received within 14 days of inception.

**Agent Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date** \_\_\_\_\_