

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

Fax No: _____ Tel No: _____

Client Name: _____ Date of Birth: _____

Address: _____ Postcode: _____

Inception Date: _____ Excess: _____ Driving Restriction: _____

Named Drivers: _____

Licensing Authority: _____

Increase Extended PL Cover to £10 million: _____ (If yes include AP of £45.20 in premium figure above)

Vehicle Details			
Make/Model	Passenger Seats	CC	Year
Use	Cover	Value	Reg. No.

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, 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 must be received within 14 days of inception, these must include:

- Proposal Form**
- NCB proof**
- Copy Licence for All Named Drivers**
- Copy Badge for All Named Drivers**
- Deposit cheque payable to TFP Schemes**

Agent Signature: _____

Name: _____ **Date** _____