

## TFP Taxi Fleet Confirmation of Cover

Agent		Quotation Reference		Premium	
Client Name					
Address				Postcode	
Inception Date		Excess		Driving Restrictions	
Named Drivers					

Schedule of Vehicles									
	Make/Model	Reg. No.	Seats	CC	Year	Value	Cover	Use	CCTV
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Please complete an additional sheet with any further vehicles.

### Conditions of acceptance

Your Terms of Business Agreement (ToBA) states:

**“You must not grant sub-agency arrangements or place business with us, which has come to you via another intermediary or Appointed Representative without written consent from TFP Schemes”**

The premium shown must be paid within 30 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 prior to inception. New Business documents including proposal form, claims experience or proof of no claims bonus, Copy DVLA Summary and Photocard Driving License along with badges are required within 30 days of inception.

Agent Signature		Date	
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**029 20 30 10 30 • www.tfpschemes.co.uk**

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 Company Registration Number is 08946569. Registered Office: Rossington's Business Park, West Carr Road, Retford, Nottinghamshire, DN22 7SW.  
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