

Taxi Fleet Quotation Request

Agent		Agency Number	
Contact		Date	
Telephone		Email	
Client Name		Date Established	
Address			
Postcode		Licensing Office	

Schedule of Vehicles

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

Driving Restrictions		Number of Drivers		Excess	
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Claims (Please provide full details of any incidents including full costs incurred by the insured and the Third Party within the last five years, use a separate sheet if necessary):

Convictions

Present Insurers		Target Premium		Deadline	
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HELD ATTACKING SUB AGENT INTRODUCTION (Please complete in all cases)

You are using this form to submit your details to us. The data you provide will be retained to provide you with details of our risk management and insurance services. If at any time you want your data removed from our systems please let us know.
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