



ABBOTT INSURANCE

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Commercial Vehicle Quote Request

| | |
|------------------|--|
| Client Name | |
| Current Insurer | |
| Due Date | |
| Target Premium | |
| Abbotts' Contact | |

Please complete all questions as fully as possible and return the form to any Abbott Insurance office. This form is available in paper, Adobe PDF or Microsoft Word 97 making it easier to post, fax or email. Please ask for details.

If you would like this form in large print, please call
01383 511442



CONTACT DETAILS

| | | | | |
|------------------------|----------------|----------|--|--|
| Contact Details | 1. Name | | | |
| | Address | | | |
| | | | | |
| | | Postcode | | |
| | Telephone | Fax | | |
| | E-mail | Web Site | | |

DEMANDS & NEEDS

- 1.** This Quote Request is fundamental to our research for insurance cover that meets the demands & needs of a vehicle owner who wishes to have insurance cover in place to:
- protect the investment in their own vehicle through damage or theft (comprehensive)
 - protect the investment in their own vehicle through fire or theft only (TPF&T)
 - be indemnified for their legal liabilities to the public through liability insurance
- The details in this Quote Request records the information you have supplied to allow us to research insurance companies and insurance products that meet your requirements.
- The information recorded in this document has been material in our assessment of
- 1) your eligibility for insurance policies available,
 - 2) the terms and conditions applying to the policies being offered or recommended;
 - 3) the insurance premium quoted.
- Please check this document carefully. If there are any errors or omissions, please contact us immediately. Failure to do so could result in the subsequent insurance policy being invalidated from inception or a claim being repudiated.

BUSINESS DETAILS

| | | | |
|----------------|--|--|---|
| Details | 2. Company Name | | |
| | Status | Sole Trader <input type="checkbox"/> | Partnership <input type="checkbox"/> |
| | | Limited Company <input type="checkbox"/> | Registered Charity <input type="checkbox"/> |
| | Date Established: | | |
| | How many years experience do you have in this trade? | | |
| | Names of Principals: | | |
| | Do you use the vehicle for hire or reward? | <input type="checkbox"/> Carrying goods for a fee <input type="checkbox"/> Selling goods from the vehicle <input type="checkbox"/> Carriage of own goods only <input type="checkbox"/> Other - please specify | |
| | List the type of goods carried | | |
| | Nature of Business: | | |
| | Please describe fully your business activities | | |

VEHICLE INFORMATION

Vehicle Details

3. Make Model:

Engine Size Body Style

Gross Vehicle Weight

Registration Year first registered

Purchase Date Value £

Overnight Parking
 Public road Driveway Garaged
 Private Ground Other

Are you the registered owner? Yes No

Are you the registered keeper? Yes No

If you are not the registered owner & keeper, please give details stating who is.

Will there be a trailer attached to the vehicle? Yes No

Is there sign writing on the vehicle? Yes No

Has any additional security been added to the vehicle? Yes No

Has the vehicle been modified in any way? Yes No

If yes to any of the above, please give details

INSURANCE INFORMATION

Policy Details

4. Please enter the policy details:

Type of Cover: Comprehensive Third Party, Fire & Theft Third Party Only

Who is to drive
 Insured Only
 Named
 Any

Age of Youngest driver?

When is insurance required to start?

Where is the vehicle currently insured?

Number of years No claims Bonus?

Do you have protected No Claims Bonus? Yes No

Optional Extensions
 Van Replacement Yes No
 ULR Yes No
 Breakdown Yes No

PROPOSER DETAILS

Personal Details

5. Date of Birth (dd/mm/yy)
 Licence (country if not UK)
 Licence Type:
 Licence Date:

| | | |
|-------------------------------|--------------------------------------|--------------------------------|
| | | |
| | | |
| Full <input type="checkbox"/> | Provisional <input type="checkbox"/> | Other <input type="checkbox"/> |
| | | |

Employment Details

Full Time Occupation
 Employers Business
 Part Time Occupation
 Employers Business

| |
|--|
| |
| |
| |
| |

Disability Details

Do you have any disabilities notified to DVLA?
 If Yes, please give details

| | |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | |

Driving Status

What is your driving status?

| | | |
|---|--|--|
| Main Driver <input type="checkbox"/> | Frequent Driver <input type="checkbox"/> | Casual Driver <input type="checkbox"/> |
| Will you use the vehicle to travel to work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will you use the vehicle for business at work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| How many private miles will you drive per year? | | |
| How many business miles will you drive per year? | | |
| Do you drive any other vehicle? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please give details of the other vehicle. | | |

Driving Convictions

Do you have any Driving Convictions?

| | |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

Please enter a maximum of 3 driving convictions below – if any.
 Other convictions must be added in the notes section below.

| Date of Conviction | Code | Fine | Points | Ban Length |
|--------------------|------|------|--------|------------|
| | | | | |
| | | | | |
| | | | | |

**Driving
Accidents**

Have you had any driving accidents?

Yes No

Please enter a maximum of 3 accidents below – if any.

Other accidents must be added in the notes section below.

| Date of Accident | Details including cost of claim | At Fault? | Personal Injury |
|------------------|---------------------------------|--|--|
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Notes

**Motoring
Claims**

Have you had any other claims?

Yes No

Please enter a maximum of 3 incidents below – if any.

Other incidents must be added in the notes section below.

| Date of Claim | Details | Type of Claim | Cost of Claim |
|---------------|---------|---|---------------|
| | | Fire <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> | £ |
| | | Fire <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> | £ |
| | | Fire <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> | £ |

Notes

OTHER DRIVER INFORMATION

Please copy for additional drivers

Other Driver

6. Please enter the other driver details:

| | |
|--------------------------|--|
| Driver Name: | |
| Date of Birth: | |
| Licence county if not UK | |
| Licence type & date | |

Personal Details

Please enter the other driver personal details?

| | |
|--|--|
| Relationship to Proposer | |
| Full Time Occupation: | |
| Employers Business: | |
| Part Time Occupation: | |
| Employers Business: | |
| Will this person use the vehicle for social domestic & pleasure? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Will this person use the vehicle for business at work? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does this person have any disabilities notified to DVLA? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please give details | |

Driving Status

What is this persons driving status?

| | | |
|--|--|--|
| Main Driver <input type="checkbox"/> | Frequent Driver <input type="checkbox"/> | Casual Driver <input type="checkbox"/> |
| How many private miles will this person drive per year? | | |
| How many business miles will this person drive per year? | | |
| Does this person drive any other vehicle? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please give details of the other vehicle. | | |

Driving Convictions

Does this person have any Driving Convictions?

Yes No

Other convictions must be added in the notes section below.

| Date of Conviction | Code | Fine | Points | Ban Length |
|--------------------|------|------|--------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Has this person had any driving accidents?

Yes No

Other accidents must be added in the notes section below.

| Date of Accident | Details | At Fault | Personal Injury |
|------------------|---------|--|--|
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

MATERIAL INFORMATION

Please note your obligations with respect to material facts. Material facts are those which may affect the insurers assessment of the risk. This duty of disclosure is imposed on policyholders by the legal principle of Utmost Good Faith and clauses in the policy. It arises at inception, renewal and whenever previously disclosed facts change. If you are in doubt as to whether a fact is one that you should disclose, you should declare it to Abbott Insurance regardless.

You should advise us as soon as reasonably practicable of any changes in your circumstances that may affect the services to be provided by Abbott Insurance, or the cover provided under your insurance policy.

DECLARATION

1. I/We declare that

- (a) this quote request form has been completed after proper enquiry;
- (b) its contents are true and accurate
- (c) all facts and matters which may be relevant to the consideration of your needs for insurance have been disclosed.
- (d) the proposer has never had
 - i) insurance refused, renewal declined or special terms applied
 - ii) any criminal convictions, prosecutions pending or subject to an investigation that may lead to prosecution (other than motoring offences already declared)

2. I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

3. I/We agree that completing this quote request does not bind me/us, the broker or the insurer into entering into a contract of insurance.

Signature of Proposer

Date

A copy of this form should be retained for your records.