



Motor Fleet Insurance Quote Form

Tel: 01623 641 386 Fax: 01623 429 991

Email: mail@midlandsinsurance.co.uk

About The Business

Trading Name:

Legal Status: Sole Trader Partnership Limited Company

Contact Name (if different to above):

Business Address:.....

..... Postcode:

Telephone No.:..... Fax No.:

Email Address:

Trade / Business Description:.....

Years Trading:..... Renewal Date / Quote Deadline:

Current Insurer:..... Target Premium: £.....

Insurance Details

Cover Required: Comprehensive Third Party, Fire & Theft Third Party Only

Use Required: Social Domestic & Pleasure S.D. & P. & Commuting Business Use

(Please tick Haulage Self Drive Hire Public Hire Private Hire

those applicable) Other (please describe):.....

Description of Goods Carried:.....

Do you require cover for Foreign Use? Yes No

Frequency and Territories
Of Foreign Use (if applicable):.....

Please provide details of any additional information or material facts that may affect the rating of this insurance:-

DRIVERS

Details of ALL drivers UNDER 25 or OVER 65 years of age or drivers with LESS THAN 2 YEARS full Licence

No.	Drivers Surname	Initials	Title	Date of Birth	Garaging Postcode	Licence Full / Provisional	Years Licence Held	Any Claims Yes / No	Any Convictions Yes / No	Medical Conditions Yes / No
1										
2										
3										
4										
5										
6										

Please provide details of drivers with Accident or Claims History in the last 3 years

No.	Drivers Surname	Initials	Title	Claim Date	Circumstances of Claim	Total Costs £
1						
2						
3						
4						
5						
6						

Please provide details of ALL convictions involving a driving ban, as well as other convictions in the last 5 years

No.	Drivers Surname	Initials	Title	Offence Date	Offence Code	Fine £	Penalty Points	Disqualification Period
1								
2								
3								
4								
5								
6								

Please provide details of ALL drivers with medical conditions

No.	Drivers Surname	Initials	Title	Medical Condition	Medication Taken	Terms imposed by DVLA
1						
2						
3						
4						
5						
6						

IMPORTANT - If you have previously held Fleet Insurance, we will require a copy of your official 3 years claims experience from the current insurer along with this form.

Please ensure that the answers are completed as fully as possible in order for us to obtain the best possible quotation for your business.

Midlands Insurance Services
99-101 Clipstone Road West, Forest Town, Mansfield, Notts NG19 0BT
Tel: 01623 641 386 Fax: 01623 429 991

**Please fax your quotation information to us on 01623 429 991
or email us at mail@midlandsinsurance.co.uk**