

Executive Motor Quotation Request



Broker Name	Date Terms Required By
Agency Number	Telephone No.
Contact Name	Email Address

General Information

Insured's Surname:	Insured's First Name:
1st Line of Address:	Renewal Date:
Town:	Current Insurer:
County:	Renewal/Target* Premium:
Postcode:	Renewal/Target* Excess:

*Delete as appropriate

Vehicle Details

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
ABI Code (if known)				
Make				
Model				
CC				
Registration No				
Fuel Type				
Manual/Auto				
Estimated Vehicle Value				
Date of Registration				
Date of Purchase				
Permitted Drivers				
Annual Mileage				
Class of Use				
Number of years NCD				
NCD Protection required				
Has the vehicle been changed in any way from the manufacturers original specification				
Is the vehicle LHD?				
Enhanced Courtesy Car cover Required				
Address where vehicle kept				
Overnight Parking (e.g. Garage/Drive/Road)				
Daytime Parking (e.g. Home/ Train Station/ Work Car park)				
Is the vehicle fitted with a tracking device? If so, please specify model				
Registered owner/Keeper				
Main user				

Additional Information

How many vehicles in the household?

How long has the proposer lived at the risk address?

Do any drivers have experience of driving sport/performance cars?

If so, please give examples of vehicles, how long ago and for what time period?

Details of security at property e.g. gated/alarmed

How many garages are at the premises?

Is garage alarmed and if so, is alarm maintained and what is signalling method?
