



## Motor Insurance Quote Form

Surname:		Forenames:	
Address where vehicle is kept:			
			Postcode:
Date cover required from:     /     /		Contact no.	
Date of birth:     /     /		Male/female <i>(delete as appropriate)</i>	Married/single <i>(delete as appropriate)</i>
Who drives? 1. Insured only driving <input type="checkbox"/> 2. Named drivers <input type="checkbox"/> 3. Insured and spouse <input type="checkbox"/> 4. Any licensed driver <input type="checkbox"/>			

	Date of birth	Date full licence obtained	Occupation	% of use	Do they have their own car?
Proposer					
Spouse/partner					
Additional drivers					

### CLASS OF USE:

Social domestic and pleasure      Social domestic and pleasure plus commuting   
 Personal business      Employers business

Make, model and engine size: (CC) .....

Manual/automatic *(delete as appropriate)*     Petrol / diesel *(delete as appropriate)*

Month and year of registration: .....

Value: £ ..... .00

Kept at night: 1. In garage  2. On driveway  3. On street

Cover required: 1. Comprehensive  2. Third party and theft  3. Third party only

Current insurer: ..... Expiry date: .....

No claims bonus: YES  NO  If YES how many years? .....

Is this protected? YES  NO

Regular use of another car? YES  NO

Any medical conditions notified to the DVLA: .....

List claims details separately *(dates, payments and circumstances)*

List convictions separately *(dates fines and codes)*