



## GOODS CARRYING VEHICLES & TRAILERS

Make & Type of Vehicle (Please indicate if left hand drive).	Year of Make	Gross Vehicle Weight (kg)	Cubic Capacity	Voluntary Excess Amount	Estimated Value	Are goods carried for hire or reward	Number of years NBC	Cover

ARE ANY HAZARDOUS GOODS CARRIED? YES/NO

IF SO SPECIFY .....

COVER PROVIDED IS SOCIAL DOMESTIC & PLEASURE PURPOSES AND IN CONNECTION WITH YOUR BUSINESS AS DETAILED ABOVE.

WILL THE VEHICLE BE USED FOR ANY OTHER PURPOSE? YES/NO

IF SO PROVIDE FULL DETAILS.....

## PRIVATE CARS

Make & Model (Please indicate if left hand drive)	Year of Make	Cubic Capacity	Petrol/ Diesel	Garaged Overnight	Estimated Value	Cover	Number of Years NBC	NBC Protection	Annual Mileage

ADVISE IF YOU REQUIRE A VOLUNTARY EXCESS.....

DO YOU REQUIRE A DRIVING RESTRICTION, STANDARD COVER IS ANY DRIVER OVER 25 .....

## DRIVERS

Title	Initial	Surname	Occupation (Inc Part time).	Self Employed Yes/No	Age	Type Of Licence	Date Passed Test
Proposer							

HAVE YOU OR ANY PERSON WHO MAY DRIVE THE VEHICLE :

- 1) ANY PHYSICAL OR MENTAL DEFECT, IMPAIRED OF SIGHT, HEARING, HEART, DIABETIC OR EPILEPTIC CONDITION OR ANY OTHER COMPLANT?
- 2) EVER HAD ANY MOTORING CONVICTION, DISQUALIFICATION, FIXED PENALTIES OR PROSECUTIONS PENDING?
- 3) HAVE YOU PREVIOUSLY BEEN INSURED IN RESPECT OF A MOTOR VEHICLE?
- 4) HAVE YOU OR ANY PERSON WHO MAY DRIVE BEEN DECLINED MOTOR INSURANCE OR HAD A MOTOR POLICY CANCELLED OR ANY SPECIAL TERMS IMPOSED?
- 5) HAVE YOU OR ANY PERSON WHO MAY DRIVE HAD ANY ACCIDENTS/CLAIMS/LOSSES (WHETHER TO BLAME OR NOT) IN CONNECTION WITH ANY MOTOR VEHICLE DURING THE LAST THREE YEARS?

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE PLEASE PROVIDE DETAILS BELOW.

ADDITIONAL INFORMATION

QUOTATION REPLY

ALL PREMIUMS QUOTED INCLUDE 5% INSURANCE PREMIUM TAX