



www.mypersonalfinances.co.uk

Introducer Name

Introducer Code

Notes

Freephone 0800 409 6060

Fax 0131 538 4444

Fleet Insurance Quote Form

ABOUT THE BUSINESS

Trading Name

Legal Status (Ltd/Partnership/Sole Trader)

Trade/Business Description

Date Established

 (if new venture, years of experience)

Contact Name

Business Address

Post Code

Telephone Number

Fax No

Email Address

INSURANCE DETAILS

Cover Required

<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party, Fire & Theft	<input type="checkbox"/> Third Party Only
--	--	---

Use Required

<input type="checkbox"/> Social Domestic & Pleasure	<input type="checkbox"/> SD&P & Commuting	<input type="checkbox"/> Haulage
---	---	----------------------------------

Description Of Goods Carried

Foreign Use

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Frequency <input type="text"/>
------------------------------	-----------------------------	--------------------------------

Territories Of Use

Please provide details of any additional material facts or terms that may effect the rating of this insurance.

DRIVERS

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

No.	Drivers Surname	Initials	Title	Date of Birth	Garaging Post Code	Licence Full/Prov	Licence Years	Claims Yes/No	Convs Yes/No	Medical Yes/No
1										
2										
3										
4										
5										
6										

Details of ALL Drivers with ACCIDENT OR CLAIMS HISTORY in the LAST 3 YEARS

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

Details of ALL convictions involving a DRIVING BAN, and all other CONVICTIONS in the LAST 5 YEARS

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

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						

CURRENT INSURANCE DETAILS

Insurer

Excess

Renewal Date

Premium Paid Last Year

We require a copy of your official 3-year claims experience from your current insurer before we can provide any quote.

ADDITIONAL NOTES

DECLARATION

In signing this declaration I confirm that the information provided reflects my/the businesses current situation and understand the information supplied may be stored on computer records and may be passed to an authorised panel of insurance specialists to ensure I receive the best price and service for my insurance requirements.

Name

Signature

Position

Date

My Personal Finances Ltd
Freepost NAT 14846, Edinburgh EH6 6ZQ