

Fax: 0845 094 2077

Caterers Fleet Quotation Form

Agents Name _____	
Contact Name _____	
Tel Number _____	Fax Number _____
Email Address _____	

Renewal Date _____	Target Premium £ _____
Holding Broker? _____	

Proposer

Name in Full (including any trading name):
--

Postal Address: Postcode :

Garaging Address (if different) Postcode:
--

Fax: 0845 094 2077

Caterers Fleet Quotation Form

Vehicle Out of Use Location:

Drivers

Please complete the below information for the policyholder and any additional drivers under 25, the policy will be automatically be rated as Any Authorised Driver Over 25.

Name of driver	Date of Birth	Type of Licence	How Long Licence Held (in years)
1			
2			
3			

a) Have you, or any other person who to your knowledge will drive, had a proposal declined, a policy cancelled or refused or special terms imposed?

YES/NO

b) Have you, or any other person who to you knowledge will drive, been convicted during the past five years of any offence relating to fraud, robbery, theft or handing of stolen goods?

YES/NO

c) Have you, or any other person who to you knowledge will drive, any prosecutions or police enquiry pending?

YES/NO

d) Please advise of any driver who has been convicted of any motoring offence within the last 5 years, if none please state "None"

Driver	Conviction Code	Date of Conviction	Sentence/Fine
1			
2			
3			

Fax: 0845 094 2077

Caterers Fleet Quotation Form

Claims Experience

- a) The risk is currently fleet rated and the previous insurers fleet experience is attached
YES/NO
- b) The risk is a new venture and there is no previous claims experience
YES/NO
- c) The risk is currently NCD rated. Please indicate the NCD on the attached **Per Vehicle Schedule**. Proof of NCD must be supplied to us when the insurance is arranged.
- d) Please advise of any driver who has had any claims or incident regardless of blame in the last 3 years, if none please state "None"

Driver	Claim Date/Costs	Circumstances	NCD Affected?
1			Yes/No
2			Yes/No
3			Yes/No

Vehicles

- a) Is the proposer the registered keeper of all the vehicles proposed for this insurance
YES/NO
- b) Are all vehicles proposed used in connection with the policyholders own business
YES/NO

Fax: 0845 094 2077

Caterers Fleet Quotation Form

Key to Titles (Per Vehicle Schedule)

Title	Full Description
Body Type	Ice Cream Van, Hot Food Dispenser, Car, Panel Van, Refrigerated Van
GVW	Gross Vehicle Weight (in tonnage)
Value Van	This is value of the vehicle excluding any caterers equipment/fixtures and fittings
Value Fixtures & Fitting	This is the value of the fixed catering equipment, excluding the value of the vehicle
Cover Required	Covers available are Comprehensive (C), Third Party Fire & Theft (TPFT) or Third Party Only (TPO)
Security	Please give details any alarm/immobilisers, marking systems or tracking devices fitted
NCD	Please provide details of years NCD available for each vehicle if not currently fleet rated
Annual Mileage -	Discounts are given for restricted mileage so please ensure this question is completed