

COLLECTOR VEHICLE QUOTATION REQUEST

# INSURED DETAILS

Name

Correspondence Address

|  |  |  |
| --- | --- | --- |
| Had any insurance declined, refused, cancelled or special terms imposed? | Yes | No |
| Been convicted or charged with any offence (other than driving offences) or entered into arrangements with creditors or bankrupt? | Yes | No |

**DRIVER DETAILS**

Driver No. Name D.O.B Occupation Relationship to Insured

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |

Licence Type Length Held

**USE OF VEHICLE**

What is your regular use vehicle?

|  |  |  |
| --- | --- | --- |
| If applicable do all of the named drivers have the use of their own regular use | Yes | No |
| vehicle?  Will the Vehicle(s) be used on events e.g. Classic Car Rallies, Tours etc? | Yes | No |

If Yes please provide details of any events or tours you are planning to enter in the next 12 months

Have you participated in similar events before? Yes No

If Yes please provide names of events and year participated

|  |  |  |
| --- | --- | --- |
| Is the vehicle(s) used for hire, reward or any other commercial purpose? | Yes | No |
| Is the vehicle(s) owned, titled or registered to anyone other than the Proposer? | Yes | No |
| If Yes please provide details |  |  |

**GARAGING ADDRESSES**

**Location 1**

Full Address(es) of where vehicles are kept

Vehicles Kept at this Address (Please refer this to list below)

|  |  |  |
| --- | --- | --- |
| Is the vehicle(s) garaged? | Yes | No |
| Do you have sole access of the Garage?  If the Garage is shared please provide further information | Yes | No |
| Is the Garage alarmed? | Yes | No |
| Is the alarm connected to a Central Station with guaranteed Police? | Yes | No |
| Does the Garage have a Fire Alarm? | Yes | No |
| Is the alarm connected to a Central Station with guaranteed Fire Service? Proximity to nearest Fire Station | Yes | No |
| Please provide any additional information |  |  |

**Location 2**

Full Address(es) of where vehicles are kept

Vehicles Kept at this Address (Please refer this to list below)

|  |  |  |
| --- | --- | --- |
| Is the vehicle(s) garaged? | Yes | No |
| Do you have sole access of the Garage?  If the Garage is shared please provide further information | Yes | No |
| Is the Garage alarmed? | Yes | No |
| Is the alarm connected to a Central Station with guaranteed Police? | Yes | No |
| Does the Garage have a Fire Alarm? | Yes | No |
| Is the alarm connected to a Central Station with guaranteed Fire Service? Proximity to nearest Fire Station | Yes | No |
| Please provide any additional information |  |  |

**5 YEAR ACCIDENT AND CLAIM HISTORY**

Driver Name Claim Date Own Damage Costs Third Party Cost Claim Description

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | £ | £ |  |
|  |  | £ | £ |  |
|  |  | £ | £ |  |
|  |  | £ | £ |  |
|  |  | £ | £ |  |

**5 YEAR MOTORING CONVICTIONS HISTORY**

Driver Name

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | £ |  |
|  |  |  |  | £ |  |
|  |  |  |  | £ |  |
|  |  |  |  | £ |  |
|  |  |  |  | £ |  |

Conviction Code

Conviction Date

No. Points Lost

Fine Ban

**VEHICLE DETAILS**



**ADDITIONAL INFORMATION**

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