



## Motor Fleet Insurance Quotation Form

**Important:** Your full written claims history is required from your current broker or Insurer before we are able to provide you with a quotation. This claims information is to be submitted to us either via fax or email. Once received, we will use this together with the information provided in this questionnaire to provide you with a quotation. Please complete ALL relevant sections of this form as accurately as possible to ensure your quotation is correctly calculated. Should there be any questions you are unsure of, please request a call back and one of our business insurance specialists will call you to provide assistance.

Steps:

1

2

3

4

5

### About you

Your full name/s:

Company / Trading name: (to appear on policy)

Nature of your business:

Type of business:

Correspondence / Postal address:

Post code:

Primary business address:

Post code:

Years established at this address:

Best daytime phone number:

Fax number:

Email address:

Website:





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### Details of cover

Please provide details of cover and the amounts of cover you require

Current insurer:

Name of your current broker:

Names of other brokers currently obtaining a quote on your behalf:

Current cover held:

Number of vehicles in fleet:

Private

Commercial

Other

Vehicle use:

Social, Domestic and Pleasure Purposes

Yes

No

Business (excl. Carriage of goods for hire & reward)

Yes

No

Vehicles owned, on Hire Purchase or Lease:

Will there be any persons under the age of 30 driving the vehicles:

Yes

No

If answered 'Yes' to the above, please specify total number of persons under the age of 30 that will be driving:

Does your business make use of temporary agency drivers:

Yes

No



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Steps: 1 2 3 4 5

### Build your policy

Please select the sections of cover you require insurance on

- |  |                           |                          |
|--|---------------------------|--------------------------|
| Cover extended to Europe:                                      | <input type="radio"/> Yes | <input type="radio"/> No |
| Cover for hired / loaned and rented vehicles:                  | <input type="radio"/> Yes | <input type="radio"/> No |
| Business use other than for your main trade:                   | <input type="radio"/> Yes | <input type="radio"/> No |
| Car Hire:  | <input type="radio"/> Yes | <input type="radio"/> No |
| Residual Value on leased / Contract hire / Purchased vehicles: | <input type="radio"/> Yes | <input type="radio"/> No |
| Loss or theft of keys, locks and alarm system:                 | <input type="radio"/> Yes | <input type="radio"/> No |
| Terrorism cover:   | <input type="radio"/> Yes | <input type="radio"/> No |
| Property damage caused by own vehicle:                         | <input type="radio"/> Yes | <input type="radio"/> No |
| Legal Liability:   | <input type="radio"/> Yes | <input type="radio"/> No |
| Third party contingent liability:                              | <input type="radio"/> Yes | <input type="radio"/> No |
| Manslaughter defence costs:                                    | <input type="radio"/> Yes | <input type="radio"/> No |
| Medical expenses:  | <input type="radio"/> Yes | <input type="radio"/> No |
| Audio equipment & accessories:                                 | <input type="radio"/> Yes | <input type="radio"/> No |
| Windscreen:  | <input type="radio"/> Yes | <input type="radio"/> No |
| Personal effects:  | <input type="radio"/> Yes | <input type="radio"/> No |
| Ropes & Tarpaulins:  | <input type="radio"/> Yes | <input type="radio"/> No |
| Trailers whilst attached & detached:                           | <input type="radio"/> Yes | <input type="radio"/> No |
| Third party liability for loading & unloading:                 | <input type="radio"/> Yes | <input type="radio"/> No |





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- Steps: 1 2 3 4 5

## Vehicle description

Please provide the following details about your vehicles

	Year of 1st registration	Make / Model	Registration number	Value	Post code where vehicle is kept overnight
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require a quote on more than 20 vehicles:  Yes  No

If answered 'Yes' to the above, our specialist advisor will contact you to obtain further details to complete your quote.



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Steps: 1 2 3 4 5

### Your claims experience

Please provide the total amounts claimed per year, for all vehicles in your fleet

Policy year	Number of vehicles with claims	Number of claims	Total amount claimed for accident damage	Total amount claimed for all other losses
2005 / 06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2006 / 07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2007 / 08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2008 / 09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2009 / 10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2010 / 11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### General

Has any insurer ever cancelled, declined to renew, or declined to provide cover in respect of your motor insurance:  Yes  No

Have you, or any partner, principal, director, employee, driver or representative ever been convicted (or charged with but not yet tried for) for any of the following criminal offences: Manslaughter or culpable homicide while driving a vehicle; causing death by reckless driving; reckless driving; driving under the influence of alcohol or drugs; failing to provide specimen for breath test; failing to stop after an accident; theft or unauthorised taking; any offence or combination of offences which resulted in suspension from driving.  Yes  No

If answered 'Yes' to above, please provide full detail:

#### Terms & Conditions

I/we have read and agree to the LRO Insurance [Terms & Conditions](#)

