

# FLEET QUOTATION FORM

## IMPORTANT INFORMATION CONCERNING THIS QUOTATION FORM

Failure to disclose material facts could result in your quotation/policy being invalidated. Material facts are those facts that might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material you should disclose it. Failure to disclose such a fact or failure to amend an incorrect fact as referred to above, could result in your quotation/policy being invalidated. The company reserves the right to decline any proposal.

**Company or Proposer Name** \_\_\_\_\_

1. Contact Name	2. Daytime phone no.	3. Mobile No.
4. Company / Policyholder Address ----- -----	5. Nature of Business	6. Date of Birth ____/____/____ 7. Renewal Date ____/____/____

8. If vehicle(s) are used for carriage of goods, will any goods be of an Explosive, Corrosive, Radioactive or Hazardous in nature? Yes  No

9. In the last 3 years has any driver had any serious motor convictions or any pending or has any driver received 6 or more penalty points? If yes, please give details. Serious motoring conviction(s) means any conviction resulting in disqualification or any conviction(s) relating to drink, drugs, careless or dangerous driving, driving without insurance or any conviction(s) incurred as a result of an accident. Yes  No

Name	Conviction / Penalty Point Code	Conviction / Penalty Description	No. Penalty Points	Date Licence Endorsed

10. Have all driver(s) who intend to drive the vehicle(s) lived in Ireland or the UK for the last 6 years? If no, please give details on driver page. Yes  No

11. Have you or any person who to your knowledge may drive the vehicle(s) had motor insurance refused, cancelled or had any special conditions imposed by any insurer? Yes  No

12. Does any driver(s) who intend to drive the vehicle(s) have a disability or medical condition which must be reported to the Driver Licensing Authorities? If yes, please give details. Yes  No

13. Can you supply your fleet claims experience or proof of No Claims Bonuses (whichever is applicable) and provide details of all accidents/claims on your Fleet for the past 5 years. Please note that we cannot proceed without these. Yes  No

**Signature of Policyholder** \_\_\_\_\_ **Date** \_\_\_\_\_

Please turn over for vehicle information







