

BOND LOVIS Single & Multi Vehicle Quotation Form

1. Agency Details FAX ONLY QUOTATIONS

Please use block capitals and attach any other relevant information

Broker name	Bond Lovis Insurance Brokers	Email Address	platinum@bondlovis.co.uk
Contact name		Telephone Number	08000 113 444 – option 3
Inception date/TARGET RATE		Markets approached	

2. Client Details

Client name		Partner/Joint insured	
Date of birth		Date of birth	
Client address		Occupation and nature of employer's business (or own, if self employed)	
Postcode:		Do you hold this case? Yes/No	
Occupation and nature of employer's business (or own, if self employed)		Yes	

3. Car Details (PERFORMANCE VEHICLES REQUIRE TWO YEAR DRIVING HISTORY OF OWNERSHIP OR USE OF SIMILAR TYPE CARS).

	Car 1	Car 2	Car 3	Car 4
Registration number				
Make of car				
Model				
Year of make				
Engine size				
Estimated present value £				
PURCHASE DATE				
Is car right hand drive				
Any modifications, alterations				
Where is the car kept overnight? DRIVEWAY,GATED AREA,ROADSIDE				
Postcode where the car is				
Annual mileage (000's)				
Type of tracking device fitted?(MODEL). (please give details)				
Driving restrictions (insured & spouse, named drivers etc.)				
Who will drive? (please State)				
Main user				
No claim discount				

Do you require no claims PROTECTION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class of use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Keeper	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current insurer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEDICAL CONDITIONS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Classic Car Details

(Vehicle over 20 years old)			General condition (please tick)			
Registration number	Current reading	Annual mileage required	Excellent	Good	Average	Poor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Drivers

Please give details below of yourself and anyone who is likely to drive the cars:

Name	Date of birth	Occupation and employers business	Claims Yes or No (please give details)	Convictions Yes or No (please give details)	Licence type/	Date obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Full UK	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Full UK	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

Please attach a 2nd sheet if further details are required
 Licence types: F = Full licence, P = Provisional UK licence, Eu = European, Int = International

Please state number of cars in your household – including company cars

In respect of any person who may drive, has any insurer:

a) increased the premium or imposed special conditions? Yes No

b) refused to issue a policy, cancelled cover, or refused to renew your policy cover Yes No

If you have ticked yes in either a) or b) boxes, please give full details below

6. Convictions in last 5 years or any disqualifications

Name of driver	Date of conviction	Conviction code	Fine	No. points	Ban length
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Accidents, Thefts or Losses in last 5 years.

Name of driver	Date of accident	Description – e.g. theft/total loss	Own cost T/P costs	Personal injury	NCB affected
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes/No	Yes/No

Past Driving experience of high-performance vehicles: