

PRESTIGE MOTOR SINGLE VEHICLE Quotation Form



Please complete your details below and click the SUBMIT BY EMAIL button at the bottom of this form or fax it to us on 01708 716 899. If you have any problems submitting by email please click the SAVE Form button, save to desktop & email separately.

Important Information

This form is designed to capture the information on which the contract of insurance will be based. All information you provide must be true and correct to the best of your knowledge and belief. Any information that is likely to influence insurers in the assessment or acceptance of your application, such as motoring convictions must be disclosed. If you are in any doubt as to whether a fact is relevant you must disclose it. It may not be possible to quote in all circumstances. No insurance cover can be provided until Certis Insurance brokers have accepted your application and you have paid or agreed to pay the premium.

Driver Details

	Driver 1	Driver 2	Driver 3	Driver 4
Full name				
Date of birth				
Years resident in UK				
Occupation & nature of business				
Licence (Full UK, Provisional etc.)				
Years licence held				
Where licence issued if not UK				

Convictions

Please give details of any motoring convictions, fixed penalties or pending prosecutions for any driver in the last 5 years:

Please detail: name of driver / date of conviction / conviction code / fine / penalty points / length of ban

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Accidents

Please give details of any accidents, claims or losses for any driver in the last 5 years?

Please detail: name of driver / date / costs / description / and whether claim was at fault or not at fault

For theft claims, please also state where the vehicle was stolen from.

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Have you or, to your knowledge, has any person who will be driving....

- a) any criminal convictions (or any prosecutions pending) not 'spent' under The Rehabilitation of Offenders Act 1974?
- b) been refused insurance or had a policy cancelled, a renewal declined or special terms imposed?
- c) have any medical conditions requiring notification to DVLA?

Yes No

If yes, please give additional information

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Vehicle Details

Registration number	
Make	
Model	
Year of make	
Engine size	
Current value	
Date of purchase	
Is vehicle left hand drive	
Please detail model of any tracking device fitted to vehicle	
Where is vehicle parked overnight?	
Overnight parking postcode	
Who will be the main driver?	
Who is the registered owner/keeper?	
Class of use	
Annual mileage	
No claims discount applicable to this vehicle	
Do you require protected bonus	
Who is the current insurer?	
What is the current premium & excess?	

Address	
Postcode :	

Contact Name	
Daytime Tel	
Mobile	
Email	

This button will automatically save form and open up an email to us with completed form attached

This button will print form for your own records or to enable you to fax us on 01708 716899

This button will allow you to save the completed form to your own computer for your records or to attach to separate email to quotes@certisinsurance.com