

# Motor Insurance Enquiry Form

Please complete and return this form to:

First Point Insurance Management, 9 Pondwood Close, Moulton Park, Northampton NN3 6RT

Motor Sales: 0845 490 00 00 • Facsimile: 0845 490 66 66 • email: motor-sales@tailoredinsurance.com



How did you hear about us?		Inception / Renewal Date	
----------------------------	--	--------------------------	--

## Contact Details

Full Name		Title	
Home Telephone No.		Daytime Telephone No.	
Mobile Telephone No.		E-mail Address	

## Proposer's Address

House Name or Number		Street	
Area		Town	
County		Post Code	

## Vehicle Details

Date of Registration		Vehicle Registration No.	
Make of Vehicle		Model (e.g. Golf, 206)	
Exact Model (e.g. GTi, XSi)		Engine Size/ cc	
Type of Body		Fuel Type	
Transmission		Is the car Right Hand Drive?	
Estimated Value		Date of Purchase	

Please specify any vehicle modifications\* If NONE please state NONE

\* Please detail any modifications/ alterations from the manufacturer's original specification (including spoilers, alloy wheels etc).

Who is the Registered Owner and Keeper of this vehicle?	
---	--

Please confirm your anticipated annual mileage	General	Business

Where will this vehicle be kept overnight? (e.g. Garage, Driveway etc)	
--	--

Please specify details of any physical security *	
---	--

\* For example: CCTV, Security Lighting, Alarmed Garage, Locked Gates, Guard Patrol, Remote Location etc

Please specify details of any Alarm installation*	
---	--

\* Please state the exact make & model or confirm if standard equipment, otherwise, if known, state whether the system is Thatcham approved.

Please specify details of any electronic Immobiliser installation*	
--	--

\* Please state the exact make & model or confirm if standard equipment, otherwise, if known, state whether the system is Thatcham approved.

Please specify details of any Tracking device installation*	
---	--

\* If known, please state the exact make & model (e.g. Tracker Horizon, Tracker 24 Hour Monitor, Navtrak Proactive, RAC Trackstar Guardian etc).

## Use

Please select one of the following use requirements.

Social, Domestic & Pleasure purposes only	<input type="checkbox"/>
Social, Domestic & Pleasure purposes including Commuting	<input type="checkbox"/>
Social, Domestic & Pleasure and Business use by the Policyholder in connection with his/ her business or profession	<input type="checkbox"/>
Social, Domestic & Pleasure and Business use by the Policyholder and Spouse in connection with his/ her business or profession	<input type="checkbox"/>
Social, Domestic & Pleasure and use in connection with the Policyholder's business or profession excluding Commercial Travelling	<input type="checkbox"/>
Social, Domestic & Pleasure and use in connection with the Policyholder's business or profession including Commercial Travelling	<input type="checkbox"/>

# Motor Insurance Enquiry Form

Please complete and return this form to:

First Point Insurance Management, 9 Pondwood Close, Moulton Park, Northampton NN3 6RT

Motor Sales: 0845 490 00 00 • Facsimile: 0845 490 66 66 • email: motor-sales@tailoredinsurance.com



## Driving Restrictions

Please select one of the following remembering that the restriction of drivers usually provides a better premium.

Proposer only to drive	<input type="checkbox"/>
Proposer and Spouse to drive	<input type="checkbox"/>
Proposer and up to 3 named drivers	<input type="checkbox"/>
Any Licensed Driver over 21*	<input type="checkbox"/>
Any Licensed Driver over 25*	<input type="checkbox"/>
Any Licensed Driver over 30*	<input type="checkbox"/>

\* Please complete the fields below including all of the drivers that, to your knowledge, may drive the vehicle. Any Driver cover is not always available.

## Driver Details

### Proposer

### Driver 2

Title		Title	
First Name		First Name	
Surname		Surname	
Date of Birth		Date of Birth	
Marital status		Marital status	
Relationship to Proposer	Not applicable	Relationship to Proposer	
Occupation		Occupation	
Employers business		Employers business	
Time resident in the UK		Time resident in the UK	
Type of Licence		Type of Licence	
Period Licence held		Period Licence held	
No. of other vehicles	(owned) =            (have access to) =	No. of other vehicles	(owned) =            (have access to) =

### Driver 3

### Driver 4

Title		Title	
First Name		First Name	
Surname		Surname	
Date of Birth		Date of Birth	
Marital status		Marital status	
Relationship to Proposer		Relationship to Proposer	
Occupation		Occupation	
Employers business		Employers business	
Time resident in the UK		Time resident in the UK	
Type of Licence		Type of Licence	
Period Licence held		Period Licence held	
No. of other vehicles	(owned) =            (have access to) =	No. of other vehicles	(owned) =            (have access to) =

Who is the main driver of the vehicle?	
--	--

# Motor Insurance Enquiry Form



Please complete and return this form to:

First Point Insurance Management, 9 Pondwood Close, Moulton Park, Northampton NN3 6RT

Motor Sales: 0845 490 00 00 • Facsimile: 0845 490 66 66 • email: motor-sales@tailoredinsurance.com

**Has any driver EVER been convicted of any motoring offence, or are there any prosecutions pending? If NONE please state NONE.**

Driver No.	Date of Conviction	Conviction Code	No. of Points	Amount of Fine	Length of Ban
				£	
				£	
				£	
				£	

**Have there been any accidents, thefts or losses in the last 5 years irrespective of blame? If NONE please state NONE.**

Driver No.	Date of Incident	Brief Circumstances	Cost of Claim	Was NCD affected?	Was NCD Protected?
			£		
			£		
			£		
			£		

**Does any driver suffer from any medical condition and/ or any physical or mental infirmity? If NONE please state NONE.**

Please provide full details; if NONE please state NONE.

Have the DVLA been informed? Yes  No

**Has any driver had an insurance policy declined, cancelled or had special terms imposed by any underwriter? If NONE please state NONE.**

Please provide full details; if NONE please state NONE.

## Cover Requirements

Please select one of the following cover requirements:

Comprehensive	<input type="checkbox"/>	Third Party, Fire & Theft	<input type="checkbox"/>	Third Party only	<input type="checkbox"/>
---------------	--------------------------	---------------------------	--------------------------	------------------	--------------------------

## No Claims Discount

Please confirm the number of years No Claims Discount available to use

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5+	<input type="checkbox"/>
---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	----	--------------------------

If eligible would you like No Claims Discount Protection? Yes  No

If your No Claims Discount is less than 3 years you may be eligible for an Introductory Discount. Please complete the following section if any of the situations apply. You may ignore this section if you can not answer but note that this does not mean you will not be entitled to an Introductory Discount.

### Second Vehicles \*

If this quotation is applicable to a second car then please confirm the number of years NCD entitlement you enjoy on your other vehicle

Please confirm the type of the other vehicle owned

Private Car	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Motorcycle	<input type="checkbox"/>
-------------	--------------------------	------------	--------------------------	------------	--------------------------

### Named Driving \*

Please confirm the number of years you have been driving, claim free, under someone else's insurance

Please confirm the type of the other insurance

Private Car	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Motorcycle	<input type="checkbox"/>
-------------	--------------------------	------------	--------------------------	------------	--------------------------

### Company Cars \*

If you are or have been a company car user (excluding pool cars) then please confirm the number of continuous years claim free driving

Do you still have access to a company car? Yes  No

\* If you have answered any of the above sections then please note that evidence of your driving experience may be required.

# Motor Insurance Enquiry Form

Please complete and return this form to:

First Point Insurance Management, 9 Pondwood Close, Moulton Park, Northampton NN3 6RT

Motor Sales: 0845 490 00 00 • Facsimile: 0845 490 66 66 • email: motor-sales@tailoredinsurance.com



## Material Facts

Please use this section to disclose any material facts that may influence the insurer in the assessment of your proposal. If you are in any doubt whether a fact is material then you should disclose it.

## Policy Features

In order for us to be sure that we tailor your insurance to suit your own individual requirements, please advise us what policy features are important to you by scoring each feature using the following rating system:

1	Not Important	2	Has little Importance	3	Has some importance	4	Important	5	Very Important
---	---------------	---	-----------------------	---	---------------------	---	-----------	---	----------------

<b>Free Courtesy Car</b>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

Free courtesy car provided by a priority repairer network to keep you on the road for the duration of repairs in the event of an accident.

<b>Free Foreign Use</b>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
-------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

Free cover for foreign travel anywhere in the EU.

<b>Breakdown Cover</b>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

Comprehensive, all-inclusive UK and European breakdown and accident recovery.

<b>Unlimited Cover for Windscreen/ Glass Replacement</b>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
--	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

Unlimited cover using a network of approved windscreen companies providing prompt assistance for glass replacement or repair.

<b>Audio/ Communication Equipment Cover</b>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
---	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

Replacement cover for audio & communication equipment.

<b>Uninsured Loss Recovery &amp; Legal Protection</b>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
---	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

Assistance to recover your uninsured losses in the event of an accident including your policy excess, out of pocket expenses and any personal injury compensation.

**Thank you for taking the time to complete this form.**