



Classic Car Quote Form

General Details:

Contact Name:

Address:

Contact Telephone No:

Email Address:

Are you a Car Club Member? Yes No

Policyholder Details:

Date of Birth:

Occupation:

Licence Type:

Date Licence Obtained:

Do you or any additional drivers:

- Have any motoring convictions in the last 5 years, including any points, date, code and fine? Yes No

- Have any disabilities/illnesses which are notifiable to the DVLA? Yes No

- Have had any claims in respect of any motor vehicle in the last 5 years, including date, cost and circumstances of the claim? Yes No

If the answer is 'Yes' to any, please provide full details:

Please use this space if you wish to provide further details:

Vehicle Details:

Vehicle 1:	<input type="text"/>	Year of Make:	<input type="text"/>
Registration Number:	<input type="text"/>	Engine Size:	<input type="text"/>
Make and Model of Vehicle:	<input type="text"/>	Annual Mileage:	<input type="text"/>
Value:	<input type="text"/>	Length of ownership:	<input type="text"/>

Where is the vehicle stored when not in use:

Vehicle 2:	<input type="text"/>	Year of Make:	<input type="text"/>
Registration Number:	<input type="text"/>	Engine Size:	<input type="text"/>
Make and Model of Vehicle:	<input type="text"/>	Annual Mileage:	<input type="text"/>
Value:	<input type="text"/>	Length of ownership:	<input type="text"/>

Where is the vehicle stored when not in use:

Vehicle 3:	<input type="text"/>	Year of Make:	<input type="text"/>
Registration Number:	<input type="text"/>	Engine Size:	<input type="text"/>
Make and Model of Vehicle:	<input type="text"/>	Annual Mileage:	<input type="text"/>
Value:	<input type="text"/>	Length of ownership:	<input type="text"/>

Where is the vehicle stored when not in use:

Driver Details:

Are other drivers required? (If yes, please complete details): Yes No

Additional Driver 1	<input type="text"/>	Occupation:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Relationship to Policyholder:	<input type="text"/>	Marital Status:	<input type="text"/>
Licence Type:	<input type="text"/>	Use Required:	<input type="text"/>
Date Licence Obtained:	<input type="text"/>		
Permitted Vehicles:	<input type="text"/>		

Are other drivers required? (If yes, please complete details): Yes No

Additional Driver 1:	<input type="text"/>	Occupation:	<input type="text"/>
Full Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Relationship to Policyholder:	<input type="text"/>	Marital Status:	<input type="text"/>
Licence Type:	<input type="text"/>	Use Required:	<input type="text"/>
Date Licence Obtained:	<input type="text"/>		
Permitted Vehicles:	<input type="text"/>		

We will assume unless told otherwise that the answers to all of the following questions is 'No':

- Have you ever been refused insurance, has a policy cancelled mid-term or had special terms imposed?
- Have you ever been the subject of a CCJ or Sheriff Court Decree
- Have you ever been declared bankrupt or insolvent or been disqualified from being a Company Director
- Been convicted or have any prosecutions pending or been given an official police caution, in respect of any criminal offence other than motoring offences

If the answer to any of these is 'Yes', please provide full details:

Please use this space if you wish to provide further details:

Current Insurer:

Current Premium:

Renewal Date:

Please note that we will rely on the above information to provide you with a quotation so it is important that you provide full and accurate answers otherwise any cover we provide could be affected.

This is a request for quote form only. No cover will be provided upon submission of this form.