**PRESERVED BUS QUOTATION FORM**

*Policy Holder Details*

|  |  |
| --- | --- |
| **Full Name: -** |  |
| **Correspondence Address inc Postcode:-** |  |
| **Occupation:-** |  |
| **Industry work in:-** |  |
| **Contact Telephone Number(s):-** |  |
| **Email Address:-** |  |
| **Consent to Marketing:-** |  |
| **Are you a Home Owner:-** |  |
| **Type of License held i.e. Full UK** |  |
| **Date passed Test:-** |  |
| **Do you hold a PSV License** |  |
| **Date PSV license obtained if applicable** |  |
| **Do you hold a category D license** |  |
| **Date obtained Category D if applicable** |  |

*Vehicle Details*

Please provide details of extra vehicles on separate sheet:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 |
| **Registration** |  |  |  |  |
| **Cover Required:- Comp/Laid Up** |  |  |  |  |
| **Make/Manufacturer** |  |  |  |  |
| **Full Model** |  |  |  |  |
| **Storage Postcode** |  |  |  |  |
| **1st line of storage address** |  |  |  |  |
| **Where kept ie garage** |  |  |  |  |
| **Year of Make** |  |  |  |  |
| **Purchase date** |  |  |  |  |
| **Value** |  |  |  |  |
| **Single/Double Deck** |  |  |  |  |
| **Engine Size** |  |  |  |  |
| **Unlaiden Weight** |  |  |  |  |
| **Value** |  |  |  |  |
| **Number of seats** |  |  |  |  |
| **RHD/LHD** |  |  |  |  |
| **Any Modifications?** |  |  |  |  |
| **Who is owner/registered keeper** |  |  |  |  |
| **Use required i.e. SDP or Hire and Reward** |  |  |  |  |
| **Security Features** |  |  |  |  |

**Note:- Policies issued cover drivers between 25 and 75. We only require details of drivers that full outside this age range or who have motoring convictions or accidents/claims from the last 5 years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Proposer/your details** | **Additional Driver 2** | **Additional Driver 3** | **Additional Driver 4** |
| **Full Name** |  |  |  |  |
| **D.o.B.** |  |  |  |  |
| **Years resident in UK** |  |  |  |  |
| **Gender** |  |  |  |  |
| **Marital Status** |  |  |  |  |
| **Date passed Car Test** |  |  |  |  |
| **Date obtained PSV if applicable** |  |  |  |  |
| **Date obtained Category D if applicable** |  |  |  |  |
| **Do they have access to everyday vehicle?** |  |  |  |  |
| **Occupation** |  |  |  |  |
| **Industry work in** |  |  |  |  |
| **Any DVLA notifiable medical conditions** |  |  |  |  |
| **Any Motor Convictions last 5 year**   * **Date** * **Conviction code** * **Fine amount** * **Points** * **Disqualification period** |  |  |  |  |
| **Any Accidents/claims/losses in last 5 year**   * **Date** * **Circumstances** * **Fault?** * **Costs?** |  |  |  |  |
| **Any criminal convictions** |  |  |  |  |
| **Any adverse financial history i.e. ccj/bankruptcy** |  |  |  |  |

*Cover and Use required*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Vehicle 1** | **Vehicle 2** | **Vehicle 3** | **Vehicle 4** |
| **Breakdown Recovery Required?** |  |  |  |  |
| **Would Home Start Be required?** |  |  |  |  |
| **Motor Legal Protection Required?** |  |  |  |  |
|  |  |  |  |  |

*Additional Information*

|  |  |
| --- | --- |
| Date cover required from |  |
| Current insurer |  |
| Current Policy Number |  |
| Current Expiry Date |  |

*Should you wish to provide any further details or please complete here :-*