

### Commercial Motor Quotations

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Self Employed Yes / No  
\_\_\_\_\_ Registered VAT Yes / No  
\_\_\_\_\_ Use Carriage Own Goods / Haulage  
Phone \_\_\_\_\_ Deliveries Yes / No  
Area of Use if Different \_\_\_\_\_

Main User Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_  
Licence Full / Provisional Details Accidents/ Claims / Convictions  
Period Held \_\_\_\_\_

#### Bonus Details

No Claims Discount Yes / No Number Years \_\_\_\_\_  
If NO Any Named Driving Experience \_\_\_\_\_  
Any Proved Main User Experience \_\_\_\_\_

#### Any Additional Drivers Yes / No

Name _____	Name _____
DOB ___/___/___ Age _____	DOB ___/___/___ Age _____
Licence Full / Provisional	Licence Full / Provisional
Period Held _____	Period Held _____
Occupation _____	Occupation _____
Accidents / Claims / Convictions _____	Accidents / Claims / Convictions _____

#### Vehicle Details

Make \_\_\_\_\_ Model \_\_\_\_\_  
Carrying Capacity \_\_\_Ton \_\_\_Cwt Petrol / Diesel  
Year \_\_\_\_\_ Value € \_\_\_\_\_ Tow bar Yes / No  
LWB / SWB Number Fixed Seats \_\_\_\_\_ Twin Cab Yes / No  
Trailer Cover required Yes / No Value of Trailer € \_\_\_\_\_

#### Cover Required

Comprehensive / T.P.F.T. / T.P. Only Windscreen Yes / No  
Cover Required From \_\_\_/\_\_\_/\_\_\_ Sum Insured € \_\_\_\_\_  
Current Insurer \_\_\_\_\_ Renewal Date \_\_\_/\_\_\_/\_\_\_