

TAXI QUOTATION REQUEST

POLICYHOLDER

Title	Name	Surname
Address		Postcode

THE VEHICLE

Make/ Model		Body Type		
Body type		Immobiliser?	YES	NO
Engine Size		Thatcham?		
Year		Is the Vehicle Modified?		
Value		Fuel type		
No Doors/ Seats		Right/ Left Hand Drive		
Registration		Where is the vehicle kept at night?	Drive Way	
Name of Vehicle Owner, how long?			Road	Garage
Name of Registered Keeper		Post code of this Location		

DRIVER DETAILS

	The Proposer	Driver 1	Driver 2
Name			
Surname			
Date of Birth			
Place of Birth			
UK Residency YES/NO			
If yes how long?			
Marital status			
Full Time Occupation			
Full time Type of Business			

Part time Occupation			
How Long Driving Taxis to date?			
License type (e.g. Full UK)			
Length Held			
Relationship to Policyholder			
Access to other Vehicles			
Details of any Disabilities (please specify length affected and medication)			

GENERAL INFORMATION

Cover					
Drivers					
Age Limit					
Est, Annual business Mileage					
Use					
Licensed Private		Unlicensed Private		Public	
name of licenced authority if Licernced					
ncd yrs					
Will NCD be provided from a taxi or private car policy					
taxi		private car			

MISCELLENAOUS

Target Premium	
Current Insurer	

If the proposed risk is a Mini Bus please answer the following questions:

Please Confirm that the Vehicle will only be used for a private Hire?	YES /NO	
Are all seats forward facing?	YES/ NO	
Are all seats fitted with seat belts?	YES/NO	
Number of seats, including the Driver.		
Do all drivers hold a PCV licence where necessary?	YES/NO	

CONVICTIONS

Name of Driver	Date of Conviction	Conviction Code	Fine	No. Points	Ban Length

ACCIDENTS, THEFTS OR LOSSES

Name of Driver	Date of accident	Description- e.g. Theft/ Total Loss	Own Cost	T/P Cost	Personal Injury	NCB Affected
					YES/NO	YES/NO
					YES/NO	YES/NO
					YES/NO	YES/NO