

MOTOR Quotation Form



For Agent Use Only

This form can be completed online. Simply type your information into the fields below, save the file to your computer and then email as an attachment to: motorquotations@homeandlegacy.co.uk. Forms can also be printed and faxed to: 0844 893 8386 or sent to: Home and Legacy, Lower Ground Floor, 500 Avebury Boulevard, Milton Keynes, MK9 2LA. Telephone: 0844 893 8370 Monday to Friday 9am – 5pm. Please note that telephone calls may be recorded for our joint protection, training and/or monitoring purposes.

Section 1 – Agent Details

Broker Name _____
Broker Contact Number _____
Agency Number _____
Agency Contact Name _____

Section 2 – General Information

Policyholders First Name _____
Policyholders Surname _____
1st Line of Address _____
Town _____
County _____ Postcode _____
Mobile Tel. No. _____
Homeowner? YES NO Time Lived at This address (Years) _____
How Many Vehicles in Household _____
Target Premium £ _____
Target Excess £ _____
Which Insurer/Contract? _____
What business do you currently hold for this client _____

How long has client been known to you? _____

Section 3 – Cover Information

Level of Courtesy Car Cover

Like for Like (£5000 hire limit) or Class A

Section 4 – Vehicle Details

	Vehicle 1 Comprehensive	Vehicle 2 Comprehensive	Vehicle 3 Comprehensive	Vehicle 4 Comprehensive
Cover				
(Please note that we only offer Comprehensive or 'Laid Up' cover)				
Expiry date(s) of current policy	_____	_____	_____	_____
Registration	_____	_____	_____	_____
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
Derivative/Type	_____	_____	_____	_____
Engine size (cc)	_____	_____	_____	_____
Year of Make	_____	_____	_____	_____
No. of Seats	_____	_____	_____	_____
LHD	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Trailer / side car (MC)?*	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Owner/Keeper (if other than proposer)	_____	_____	_____	_____
Purchase Date	_____	_____	_____	_____
Modified?*	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Total Value (£)	_____	_____	_____	_____
Alarm/Immobiliser	_____	_____	_____	_____
Tracking device fitted? (Please state type fitted)	_____	_____	_____	_____
Overnight Postcode (provide for all overnight locations even if only in residence on an occasional basis)	_____	_____	_____	_____
Garage, Drive or Street	_____	_____	_____	_____
Usual daytime parking location	_____	_____	_____	_____
Annual Mileage	_____	_____	_____	_____
Years No Claim Bonus	_____	_____	_____	_____
Protected NCB	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Who is the Main Driver of this Vehicle	_____	_____	_____	_____
Who else will drive?	_____	_____	_____	_____

Please use the driver numbers stated overleaf (please note that we only offer cover for named drivers.)

Level of Breakdown Cover EU UK EU UK EU UK EU UK

* Further details required on page 7

Section 4 – Vehicle Details

Cover	Vehicle 5 Comprehensive	Vehicle 6 Comprehensive	Vehicle 7 Comprehensive	Vehicle 8 Comprehensive
(Please note that we only offer Comprehensive or 'Laid Up' cover)				
Expiry date(s) of current policy	_____	_____	_____	_____
Registration	_____	_____	_____	_____
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
Derivative/Type	_____	_____	_____	_____
Engine size (cc)	_____	_____	_____	_____
Year of Make	_____	_____	_____	_____
No. of Seats	_____	_____	_____	_____
LHD	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Trailer / side car (MC)?*	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Owner/Keeper (if other than proposer)	_____	_____	_____	_____
Purchase Date	_____	_____	_____	_____
Modified?*	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Total Value (£)	_____	_____	_____	_____
Alarm/Immobiliser	_____	_____	_____	_____
Tracking device fitted? (Please state type fitted)	_____	_____	_____	_____
Overnight Postcode (provide for all overnight locations even if only in residence on an occasional basis)	_____	_____	_____	_____
Garage, Drive or Street	_____	_____	_____	_____
Usual daytime parking location	_____	_____	_____	_____
Annual Mileage	_____	_____	_____	_____
Years No Claim Bonus	_____	_____	_____	_____
Protected NCB	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Who is the Main Driver of this Vehicle	_____	_____	_____	_____
Who else will drive?	_____	_____	_____	_____

Please use the driver numbers stated overleaf (please note that we only offer cover for named drivers.)

Level of Breakdown Cover EU UK EU UK EU UK EU UK

* Further details required on page 7

Section 5 – Driver Details

	Policyholder	Driver 2	Driver 3	Driver 4
Driver Title	_____	_____	_____	_____
First Name(s)	_____	_____	_____	_____
Surname	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
No. of Years resident in UK	_____	_____	_____	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status	_____	_____	_____	_____
Relationship to Proposer	_____	_____	_____	_____
Occupation	_____	_____	_____	_____
Nature of Business	_____	_____	_____	_____
Employment Status	_____	_____	_____	_____
Type of Licence	_____	_____	_____	_____
Period Held	_____	_____	_____	_____
Where Issued if Not UK	_____	_____	_____	_____
Driving Qualifications	_____	_____	_____	_____

Vehicle Use (Social, Domestic & Pleasure only, SDP and commuting, personal business or proposer’s business)

Vehicle 1	_____	_____	_____	_____
Vehicle 2	_____	_____	_____	_____
Vehicle 3	_____	_____	_____	_____
Vehicle 4	_____	_____	_____	_____
Vehicle 5	_____	_____	_____	_____
Vehicle 6	_____	_____	_____	_____
Vehicle 7	_____	_____	_____	_____
Vehicle 8	_____	_____	_____	_____

Motoring Convictions, Fixed Penalties in Last 5 Years or Pending Prosecutions	<div style="border: 1px solid black; width: 150px; height: 60px;"></div>	<div style="border: 1px solid black; width: 150px; height: 60px;"></div>	<div style="border: 1px solid black; width: 150px; height: 60px;"></div>	<div style="border: 1px solid black; width: 150px; height: 60px;"></div>
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Any accidents, claims or losses in the last 5 years? Please give date(s), costs and circumstances. For theft claims, please also state where the vehicle was stolen from.	<div style="border: 1px solid black; width: 150px; height: 60px;"></div>	<div style="border: 1px solid black; width: 150px; height: 60px;"></div>	<div style="border: 1px solid black; width: 150px; height: 60px;"></div>	<div style="border: 1px solid black; width: 150px; height: 60px;"></div>
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Any Medical Conditions Notifiable to DVLA – (If YES, please give details in Section 7 under ‘Any Other Information’)

YES NO YES NO YES NO YES NO

Any Non Motoring Convictions Not Yet Spent – (If YES, please give details in Section 7 under ‘Any Other Information’)

YES NO YES NO YES NO YES NO

Section 5 – Driver Details **Continued**

	Driver 5	Driver 6	Driver 7	Driver 8
Driver Title	_____	_____	_____	_____
First Name(s)	_____	_____	_____	_____
Surname	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
No. of Years resident in UK	_____	_____	_____	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status	_____	_____	_____	_____
Relationship to Proposer	_____	_____	_____	_____
Occupation	_____	_____	_____	_____
Nature of Business	_____	_____	_____	_____
Employment Status	_____	_____	_____	_____
Type of Licence	_____	_____	_____	_____
Period Held	_____	_____	_____	_____
Where Issued if Not UK	_____	_____	_____	_____
Driving Qualifications	_____	_____	_____	_____
Vehicle Use (Social, Domestic & Pleasure only, SDP and commuting, personal business or proposer’s business)				
Vehicle 1	_____	_____	_____	_____
Vehicle 2	_____	_____	_____	_____
Vehicle 3	_____	_____	_____	_____
Vehicle 4	_____	_____	_____	_____
Vehicle 5	_____	_____	_____	_____
Vehicle 6	_____	_____	_____	_____
Vehicle 7	_____	_____	_____	_____
Vehicle 8	_____	_____	_____	_____
Motoring Convictions, Fixed Penalties in Last 5 Years or Pending Prosecutions				
Any accidents, claims or losses in the last 5 years? Please give date(s), costs and circumstances. For theft claims, please also state where the vehicle was stolen from.				
Any Medical Conditions Notifiable to DVLA – (If YES, please give details in Section 7 under ‘Any Other Information’)				
YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				
Any Non Motoring Convictions Not Yet Spent – (If YES, please give details in Section 7 under ‘Any Other Information’)				
YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>				

Section 6 – Supplementary Driver Details**Continued**

Please state the experience that each driver has of driving performance vehicles in the last 3 years.
Please show the type of vehicle, extent of experience and how recently it was gained.

Policyholder

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Driver 2

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Driver 3

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Driver 4

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Driver 5

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Driver 6

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Driver 7

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Driver 8

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Vehicle Details Supplement

Section 7 – Further Details

Please provide make, model, serial number, size and value of any **trailers** or details of any side cars

Please provide full details (including value) of any **modifications, aftermarket accessories and spare parts**. This should include any aftermarket audio, visual, entertainment or navigation equipment

Overnight Parking: Please provide details of security fitted to garage at home e.g. NACOSS, linked to police. Does the garage have any fire protection e.g. sprinkler system? If vehicle(s) not garaged are they visible from the road?

Daytime Parking: Please provide details of the security at the daytime parking location e.g. entry controlled car park (how is entry controlled), CCTV, security guard

Any other information relevant to the risk?

Home and Legacy takes online security very seriously. Use of our submission by email service may require you to send information to us over the internet that could be classed as sensitive information under the Data Protection Act 1998. You should ensure that your organisation has appropriate security systems in place to protect the information you are providing to us before submitting.

Print

Save

Submit

Important - Information relating to your client's insurance policy will be added to the Motor Insurance Database ("MID") managed by the Motor Insurers' Bureau ("MIB"). MID and the data stored on it may be used by certain statutory and/or authorised bodies including the Police, the DVLA, the DVANI, the Insurance Fraud Bureau and other bodies permitted by law for purposes not limited to but including: Electronic Licensing, Continuous Insurance Enforcement, Law enforcement (prevention, detection, apprehension and or prosecution of offenders); and the provision of government services and or other services aimed at reducing the level and incidence of uninsured driving.

If your client is involved in a road traffic accident (either in the UK, the EEA or certain other territories), insurers and or the MIB may search the MID to obtain relevant information. Persons (including his or her appointed representatives) pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. It is vital that the MID holds your client's correct registration number. If it is incorrectly shown on the MID your client is at risk of having their vehicle seized by the Police.