

MOTOR Quotation Form



Please complete your details below and click the SUBMIT button at the bottom of this form or fax it to us on 0844 893 8386.

Important Information

This form is designed to capture the information on which the contract of insurance will be based.

All information you provide must be true and correct to the best of your knowledge and belief. Any information that is likely to influence insurers in the assessment or acceptance

of your application, such previous motoring convictions must be disclosed. If you are in any doubt as to whether a fact is relevant you must disclose it.

It may not be possible to quote in all circumstances.

No insurance cover can be provided until Home & Legacy has accepted your application and you have paid or agreed to pay the premium. A copy of the policy wording can be downloaded from our website at www.homeandlegacy.co.uk or we can send one to you upon request.

Section 1 – Data Protection/Marketing/Declaration

Data Protection

Data you enter on this form will be used by Home & Legacy and the insurers for the purposes of providing you with an insurance quotation or insurance. For the purposes of the Data Protection Act 1998, the Data Controller in relation to any personal or sensitive data that you supply in connection with the insurance cover is the insurers.

Marketing

If you agree, Home & Legacy would like to contact you and permit other companies from within the Allianz (UK) Group or selected third parties to contact you, to inform you by telephone, post, facsimile, e-mail, text messaging or other means about other products and services which we think may interest you. Please “tick” if you would like to receive this information

Declaration

When you send us your application you are declaring that the information given is true and complete and that no relevant information has been withheld or omitted. You are also declaring that you understand the contents of this completed application. You should keep a record of all information supplied to us for the purpose of this application. Unless the insurers agree otherwise the language of the policies and all communications relating to them will be in English, and English law will apply to any contract of insurance arranged.

Section 2 – General Information

Proposer's Title _____ Proposer's First Name _____

Proposer's Last Name _____

1st Line of Address _____

Town _____

County _____ Postcode _____

Homeowner? YES NO Time Lived at This address (Years) _____

How Many Vehicles in Household _____

Preferred contact telephone number _____ Email address _____

Current total premium £ _____

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	Comprehensive	Comprehensive	Comprehensive	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	_____	_____	_____	_____
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 <input type="checkbox"/> UK <input type="checkbox"/>	EU <input type="checkbox"/> UK <input type="checkbox"/>	EU <input type="checkbox"/> UK <input type="checkbox"/>	EU <input type="checkbox"/> UK <input type="checkbox"/>
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* 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	_____	_____	_____	_____
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	<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 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

Driver 2

Driver 3

Driver 4

Driver 5

Driver 6

Driver 7

Driver 8

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. Please note that there is no guarantee that any e-mail you send will be received by Home & Legacy or that your message will remain confidential whilst being transmitted.

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Calls may be recorded and monitored. We may not be able to quote in all circumstances.