

COLIN HOLMES & ASSOCIATES

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MOTOR QUOTATION QUESTIONNAIRE

IMPORTANT NOTICE: We advise you to answer all questions accurately/to the best of your knowledge. Please note that as the answers you give here will be used to provide a quotation, you MUST disclose all material facts that are likely to affect the quotation.

Proposer Details

- 1 Title
- 2 Forenames
- 3 Surname
- 4 Gender
- 5 Date of Birth
- 6 Marital Status
- 7 Address
- 8 Previously Insured? **YES/NO**
- 9 Previous Insurer
- 10 Previous Policy Number
- 11 Previous Policy Expiry Date
- 12 Home Owner? **YES/NO**
- 13 Frequency of Use
- 14 UK Resident? **YES/NO**
- 15 Driving in UK from (year)
- 16 Annual Mileage
- 17 Do you own other vehicles **YES/NO**
- 18 Other vehicles NCD years
- 19 Any Claims, Accidents or Losses? **YES/NO** (If Yes, enter details below)
(Involved in any accident or loss regardless of blame in the last 3 years whether or not a claim was made? Had any motor vehicle stolen, suffered any loss by theft, including ??????????????????????????????????????)
- 20 Have you ever been refused insurance? **YES/NO**
If Yes, please give details
- 21 Have you ever had a policy cancelled? **YES/NO**
If Yes, please give details
- 22 Class of Use
- 23 Occupation
- 24 Employment Status
(e.g. Employed/Self-Employed/Unemployed/Retired etc.)
- 25 Employer's Business
- 26 Is this your full-time employment? **YES/NO**
- 27 Type of Licence held?
(e.g. Full UK/Provisional etc.)
- 28 Licence valid from
- 29 Is the Licence restricted? **YES/NO**
If Yes, please give details
- 30 Number of Other Vehicles driven?
- 31 Do you suffer from any medical conditions which require DVLA notification? **YES/NO**
(If Yes, enter details below)
- 32 Do you have any prosecutions pending? **YES/NO**
If Yes, please give details
(e.g. Fraud, Theft, Acts of Violence, etc.)
- 33 Do you have any non-motoring Convictions? **YES/NO**
If Yes, please give details
- 34 Have you had any terms previously imposed? **YES/NO**
If Yes, please give details
- 35 Do you have any convictions or fixed penalty convictions (in the last 5 years)? **YES/NO**
(If Yes, enter details below)

Vehicle Details

- 36 Vehicle Make
- 37 Vehicle Model
- 38 Vehicle CC
- 39 Registration No.
- 40 Kept at (Postcode)
- 41 Overnight Parking
- 42 Owner
- 43 Registered Keeper
- 44 Type of Cover required
- 45 Voluntary Excess
- 46 Security Device Fitted? **YES/NO**
- 47 Security Device Type
- 48 Security Device Installer
- 49 Current Mileage
- 50 Date First Registered
- 51 Vehicle Value
- 52 Has the vehicle been adapted, altered or modified from the maker's specification, such as having alloy wheels fitted, additions to the bodywork, or changes affecting performance, suspension or brakes, or had optional extras fitted? **YES/NO**
- 53 Modified Type
- 54 Purchase Date
- 55 Modified due to Medical Condition? **YES/NO**
- 56 Is the Vehicle left-hand drive? **YES/NO**
- 57 No. of Years' No Claims Discount (NCD) Earned
- 58 Is NCD Protection required? **YES/NO**
- 59 Policy Length (months)
- 60 Who will drive?

Driver2 Details

- 61 Name
- 62 Relationship to Proposer
- 63 Date of Birth
- 64 Gender
- 65 Frequency of Use
- 66 Marital Status
- 67 UK Resident? **YES/NO**
- 68 Driving in UK from
- 69 Annual Mileage
- 70 Do you own other vehicles? **YES/NO**
- 71 Other vehicles NCD years
- 72 Any Claims, Accidents or Losses? **YES/NO** (If Yes, enter details below)
(Involved in any accident or loss regardless of blame in the last 3 years whether or not a claim was made? Had any motor vehicle stolen, suffered any loss by theft, including ??????????????????????????????????????)
- 73 Have you ever been refused insurance? **YES/NO**
If Yes, please give details
- 74 Have you ever had a policy cancelled? **YES/NO**
If Yes, please give details
- 75 Occupation
- 76 Is this your full-time employment? **YES/NO**
- 77 Employment Status
(e.g. Employed/Self-Employed/Unemployed/Retired etc.)
- 78 Employer's Business
- 79 Type of Licence held?
(e.g. Full UK/Provisional etc.)
- 80 Licence valid from
- 81 Is the Licence restricted? **YES/NO**
If Yes, please give details
- 82 Number of Other Vehicles driven?
- 83 Do you suffer from any medical conditions which require DVLA notification? **YES/NO**
(If Yes, enter details below)

- 84** Do you have any prosecutions pending? **YES/NO**
 If Yes, please give details
 (e.g. Fraud, Theft, Acts of Violence, etc.)
- 85** Do you have any non-motoring Convictions? **YES/NO**
 If Yes, please give details
- 86** Have you had any terms previously imposed? **YES/NO**
 If Yes, please give details
- 87** Do you have any convictions or fixed penalty convictions (in the last 5 years)? **YES/NO**
 (If Yes, enter details below)

Driver3 Details

- 88** Name
- 89** Relationship to Proposer
- 90** Date of Birth
- 91** Gender
- 92** Frequency of Use
- 93** Marital Status
- 94** UK Resident? **YES/NO**
- 95** Driving in UK from (year)
- 96** Annual Mileage
- 97** Do you own other vehicles? **YES/NO**
- 98** Other vehicles NCD years
- 99** Any Claims, Accidents or Losses? **YES/NO** (If Yes, enter details below)
 (Involved in any accident or loss regardless of blame in the last 3 years whether or not a claim was made? Had any motor vehicle stolen, suffered any loss by theft, including ??????????????????????????????????????)
- 100** Have you ever been refused insurance? **YES/NO**
 If Yes, please give details
- 101** Have you ever had a policy cancelled? **YES/NO**
 If Yes, please give details
- 102** Occupation
- 103** Is this your full-time employment? **YES/NO**
- 104** Employment Status
 (e.g. Employed/Self-Employed/Unemployed/Retired etc.)
- 105** Employer's Business
- 106** Type of Licence held?
 (e.g. Full UK/Provisional etc.)
- 107** Licence valid from
- 108** Is the Licence restricted? **YES/NO**
 If Yes, please give details
- 109** Number of Other Vehicles driven?
- 110** Do you suffer from any medical conditions which require DVLA notification? **YES/NO**
 (If Yes, enter details below)
- 111** Do you have any prosecutions pending? **YES/NO**
 If Yes, please give details
 (e.g. Fraud, Theft, Acts of Violence, etc.)
- 112** Do you have any non-motoring Convictions? **YES/NO**
 If Yes, please give details
- 113** Have you had any terms previously imposed? **YES/NO**
 If Yes, please give details
- 114** Do you have any convictions or fixed penalty convictions (in the last 5 years)? **YES/NO**
 If Yes, please give details

Driver4 Details

- 115** Name
- 116** Relationship to Proposer
- 117** Date of Birth
- 118** Gender
- 119** Frequency of Use
- 120** Marital Status
- 121** UK Resident? **YES/NO**
- 122** Driving in UK from (year)
- 123** Annual Mileage
- 124** Do you own other vehicles? **YES/NO**

- 125** Other vehicles NCD years
- 126** Any Claims, Accidents or Losses? **YES/NO** (If Yes, enter details below)
(Involved in any accident or loss regardless of blame in the last 3 years whether or not a claim was made? Had any motor vehicle stolen, suffered any loss by theft, including ??????????????????????????????????????)
- 127** Have you ever been refused insurance? **YES/NO**
 If Yes, please give details
- 128** Have you ever had a policy cancelled? **YES/NO**
 If Yes, please give details
- 129** Occupation
- 130** Is this your full-time employment? **YES/NO**
- 131** Employment Status
(e.g. Employed/Self-Employed/Unemployed/Retired etc.)
- 132** Employer's Business
- 133** Type of Licence held?
(e.g. Full UK/Provisional etc.)
- 134** Licence valid from
- 135** Is the Licence restricted? **YES/NO**
 If Yes, please give details
- 136** Number of Other Vehicles driven?
- 137** Do you suffer from any medical conditions which require DVLA notification? **YES/NO**
 (If Yes, enter details below)
- 138** Do you have any prosecutions pending? **YES/NO**
 If Yes, please give details
(e.g. Fraud, Theft, Acts of Violence, etc.)
- 139** Do you have any non-motoring Convictions? **YES/NO**
 If Yes, please give details
- 140** Have you had any terms previously imposed? **YES/NO**
 If Yes, please give details
- 141** Do you have any convictions or fixed penalty convictions (in the last 5 years)? **YES/NO**
 If Yes, please give details

Driver5 Details

- 142** Name
- 143** Relationship to Proposer
- 144** Date of Birth
- 145** Gender
- 146** Frequency of Use
- 147** Marital Status
- 148** UK Resident? **YES/NO**
- 149** Driving in UK from (year)
- 150** Annual Mileage
- 151** Do you own other vehicles? **YES/NO**
- 152** Other vehicles NCD years
- 153** Any Claims, Accidents or Losses? **YES/NO** (If Yes, enter details below)
(Involved in any accident or loss regardless of blame in the last 3 years whether or not a claim was made? Had any motor vehicle stolen, suffered any loss by theft, including ??????????????????????????????????????)
- 154** Have you ever been refused insurance? **YES/NO**
 If Yes, please give details
- 155** Have you ever had a policy cancelled? **YES/NO**
 If Yes, please give details
- 156** Occupation
- 157** Is this your full-time employment? **YES/NO**
- 158** Employment Status
(e.g. Employed/Self-Employed/Unemployed/Retired etc.)
- 159** Employer's Business
- 160** Type of Licence held?
(e.g. Full UK/Provisional etc.)
- 161** Licence valid from
- 162** Is the Licence restricted? **YES/NO**
 If Yes, please give details
- 163** Number of Other Vehicles driven?
- 164** Do you suffer from any medical conditions which require DVLA notification? **YES/NO**
 (If Yes, enter details below)

165 Do you have any prosecutions pending? **YES/NO**

If Yes, please give details

(e.g. Fraud, Theft, Acts of Violence, etc.)

166 Do you have any non-motoring Convictions? **YES/NO**

If Yes, please give details

167 Have you had any terms previously imposed? **YES/NO**

If Yes, please give details

168 Do you have any convictions or fixed penalty convictions (in the last 5 years)? **YES/NO**

If Yes, please give details

Claims

169 Full Claims & Loss details for the past 5 years

Driver No.	Date	Claim Type	Amount	NCD Affected?	Description
Driver				YES/NO	
Driver				YES/NO	
Driver				YES/NO	
Driver				YES/NO	
Driver				YES/NO	

Convictions

170 Full Conviction details

Driver No.	Date	Conviction Code	Conviction Fine	Disqualified?	Penalty Points
Driver				YES/NO	
Driver				YES/NO	
Driver				YES/NO	
Driver				YES/NO	
Driver				YES/NO	

Disabilities & Medical Conditions

171 Disabilities & Medical Conditions

Driver No.	Details	DVLA advised?
Driver		YES/NO
Driver		YES/NO
Driver		YES/NO
Driver		YES/NO
Driver		YES/NO

172 Does the proposer(s), any of the named drivers or anyone living with you or the named drivers, have any connection with the entertainment industry? **Yes / No**

If Yes, please give details

173 Notes/Additional Information