

# Quick Quote Form *fax back to 0208 388 6055*

Underwritten by Link Insurance



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## ▶ Taxi Fleet

### YOUR COMPANY DETAILS (PLEASE WRITE IN CAPITALS)

Full Name of Company \_\_\_\_\_

Company Registration Number \_\_\_\_\_ Licencing Authority \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Postal Code \_\_\_\_\_

Names of Partners/Directors Name \_\_\_\_\_ Age \_\_\_\_\_

*If there are more, please  
 provide on a  
 separate sheet*

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Type of Cover required Comprehensive  Third Party only  Maximum Indemnity per vehicle £ \_\_\_\_\_

Trading/Circuit Name(s) \_\_\_\_\_ No. of years established \_\_\_\_\_

Postal Code of base if different from above \_\_\_\_\_

Use required (All Policies include Social Domestic and Pleasure)

Private Hire Yes  No

Public Hire Yes  No

Chauffeur Hire/Weddings only Yes  No

Is policy fleet rated **Yes/No** Target Premium £ \_\_\_\_\_

Latest Insurers \_\_\_\_\_ PolicyNumber \_\_\_\_\_

Current Rates \_\_\_\_\_ Expiry Date \_\_\_\_\_

### NO. OF VEHICLES IN FOLLOWING CATEGORIES (or forward a full Schedule)

	Group 1 to 10	Group 11 to 14	Group 15 to 16	Group 17 +	Black Cab
Total number of vehicles in each group category					
Vehicle value range	£ to £	£ to £	£ to £	£ to £	£ to £
Vehicle year of manufacture range	to	to	to	to	to

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### PERMITTED DRIVERS

1. Give number of all Drivers in their various age groups who have held a Full UK Licence for more than 2 Years

23-27	28-33	34-39	40-49	50-59	60-69

2. Give details of all Drivers with a conviction history in the last 5 years

	Drivers Name	Offence date	Offence code	Penalty/fine	Penalty pts	Period of any
1						
2						
3						
4						
5						

3. Give details of all drivers with any accident , claim or loss within the last 3 years

	Drivers Name	Accident date	Circumstances	Total
1				
2				
3				
4				
5				

4. Give details of all drivers with medical conditions

	Drivers Name	Medical condition	DVLA informed	Type of Medication	Any restrictions
1					
2					
3					

▶ **Remember – Confirmed Claims Experience for Taxi Fleet is required**

**Please note: Where your customer has previously held Taxi Fleet Insurance any quotation given will be subject to receiving up to date evidence of Claims Experience from the Insurer concerned covering the last 3 years.**