

Motor Quote Form

(For intermediary use only)

To

privateclients@geounderwriting.com

Date you want cover to start

Phone no: 0330 123 3125

From

Company

Email

Tel no.

Client details

Mr/Mrs/Miss/Ms/Other title

First name(s)

Surname

Occupation

Nature of Employers Business

Company Name (If applicable)

Clients address

Postcode

Marital Status

Date of birth

Policy details

Inception/Renewal Date

Current Insurer

Renewal premium/Excess

Target premium/insurer

Length of client relationship

Do you hold this case

Do you hold any other insurance for the client?

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Vehicle details

If there are more than 4 vehicles, please complete a second quotation form

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Registration Number				
Year of Manufacture				
Make				
Model				
Engine Size				
Fuel Type				
Transmission				
Body Style				
Number of Doors				
Date of Purchase				
Value				
Is the vehicle RHD?				
Any modifications?				
Is personal plate cover required? (if yes, please give the sum insured required)				
Is the vehicle kept at the address shown above? (if not, please provide details)				
Where kept (Garage, road)				
Cover				
Use				
Annual Mileage				
Main driver of each vehicle				
Driving restrictions				
Alarm/Immobiliser and type				
Tracking device make and model				
Number of years NCD				
NCD Protected				

Driver details

If there are more than 4 drivers, please complete a second quotation form

	Driver 1	Driver 2	Driver 3	Driver 4
Name				
Date of Birth				
Occupation				
Employers Business				
Marital Status				
Licence Type				
Date Licence obtained				
UK resident since birth? (if not, please provide the number of years of continuous residency in the UK)				
Relationship to client				
Does the driver reside with the client at the address given (if not, please provide details)				
Please provide details of previous performance and sport car experience, including details of what has been driven, how long ago and for what period of time				
Any medical conditions (if yes have the DVLA been notified)				
Has the driver had their licence revoked, any restrictions imposed or any special terms imposed?				

Claims

Please provide full details of any loss or damage (regardless of whether a claim was made) in the last 5 years

Date	Driver	Cost	Fault/non fault	Circumstances

Convictions

Please provide full details of and motoring convictions obtained within the last 5 years

Date	Driver	Conviction Code	Fine	Ban	Circumstances

Additional information

Has the client or any driver:

Had a County Court Judgement?

Been declared bankrupt?

Been disqualified from being a director of a Company?

Been charged or convicted of a criminal offence other than a fixed penalty motoring offence?

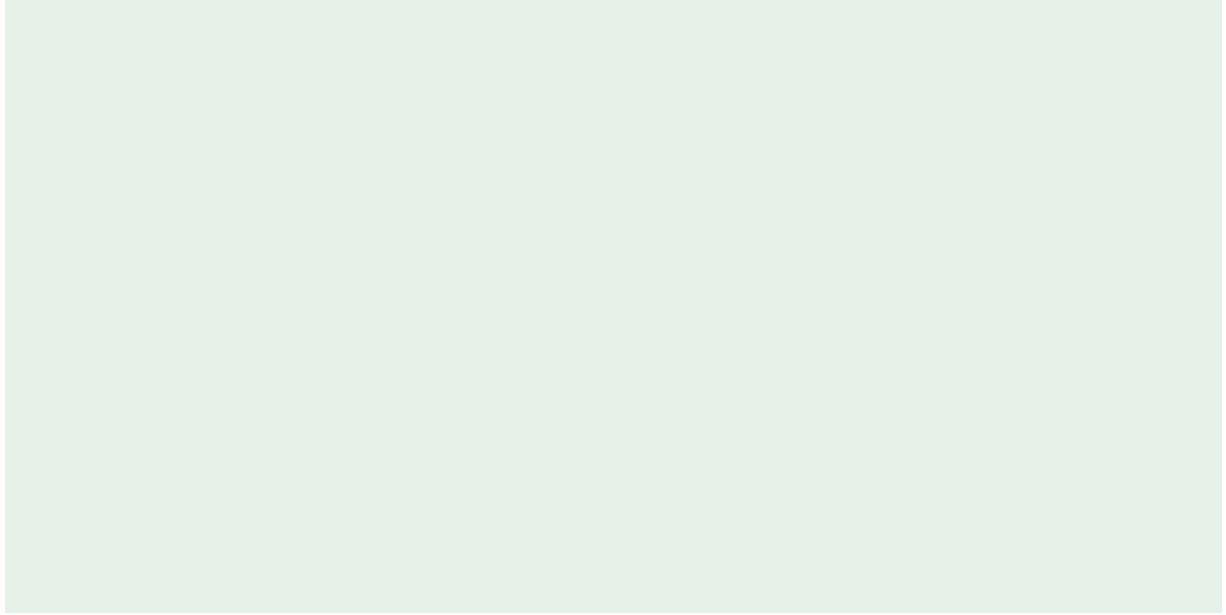
Received a police caution?

Been subject to any Police enquiries or prosecutions pending other than for a fixed penalty motor offence?

Ever been refused renewal of a motor insurance policy?

Ever had insurance cancelled or declared void by an insurer?

Please provide any other information that you may feel be relevant



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