

QUOTE 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 sent to: Home and Legacy, 500 Avebury Boulevard, Milton Keynes, MK9 2LA. Telephone: 0344 893 8370 Monday to Friday 9am–5pm.

Please ensure that you have read the Important Information at the end of the form before sending to us.

SECTION 1 – AGENT DETAILS

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

SECTION 2 – GENERAL INFORMATION

Policyholder's Full Name _____
Residential address _____
Town _____
County _____ Postcode _____
Mobile Tel. No. _____
Email address _____
Homeowner? YES NO Time lived at this address (years)
How many vehicles in household? _____
Target premium £ _____ Target excess £ _____
Which insurer/contract? _____
How long has client been known to you? _____

SECTION 3 – COVER INFORMATION

Is cover required for a like for like courtesy car? YES NO
Comprehensive driving other cars required? YES NO

Comprehensive driving of other cars is available for the policyholder, the policyholder's spouse, common-law partner or civil partner only. All drivers must be 25 years of age or older and have held a full UK driving licence for at least 2 years.

SECTION 4 – VEHICLE DETAILS

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Tick if cover required is for a vehicle 'laid up'	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"/>
Expiry date(s) of current policy	_____	_____	_____	_____
Registration	_____	_____	_____	_____
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
Derivative/Type	_____	_____	_____	_____
Engine size (cc)	_____	_____	_____	_____
Year of make	_____	_____	_____	_____
No. of seats	_____	_____	_____	_____
Left hand drive?	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/motor cycle side car?*	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 not the policyholder)	_____	_____	_____	_____
Purchase date	_____	_____	_____	_____
Modified?*	_____	_____	_____	_____
Total value (£)	_____	_____	_____	_____
Agreed value required?	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"/>
Alarm/Immobiliser fitted? (If YES, type fitted)	_____	_____	_____	_____
Tracking device fitted? (If YES, type fitted)	_____	_____	_____	_____
Postcode(s) vehicle kept at overnight	_____	_____	_____	_____
(provide for all overnight locations even if only in residence on an occasional basis)				
Kept in garage, drive or street?	_____	_____	_____	_____
Usual daytime parking location	_____	_____	_____	_____
Annual mileage	_____	_____	_____	_____
No of years no claim discount?	_____	_____	_____	_____
Guaranteed no claim discount required?	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"/>
Who is the main driver of this vehicle?	_____	_____	_____	_____
Who else will drive?	_____	_____	_____	_____
Please note – any driver over 30 is available for select vehicles				
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"/>
For vehicles (up to 2 years old) indicate if 12 or 24 month new car replacement required				
	12m <input type="checkbox"/> 24m <input type="checkbox"/>	12m <input type="checkbox"/> 24m <input type="checkbox"/>	12m <input type="checkbox"/> 24m <input type="checkbox"/>	12m <input type="checkbox"/> 24m <input type="checkbox"/>

*Further details to be provided in Section 7.

SECTION 5 – DRIVER DETAILS

	Policyholder	Driver 2	Driver 3	Driver 4
Title	_____	_____	_____	_____
First name(s)	_____	_____	_____	_____
Last name	_____	_____	_____	_____
Date of birth	_____	_____	_____	_____
No. of years resident in UK	_____	_____	_____	_____
Gender	_____	_____	_____	_____
Marital status	_____	_____	_____	_____
Relationship to policyholder	_____	_____	_____	_____
Occupation	_____	_____	_____	_____
Nature of business	_____	_____	_____	_____
Employment status	_____	_____	_____	_____
Type of Licence held	_____	_____	_____	_____
How long licence held for?	_____	_____	_____	_____
Where issued if not UK	_____	_____	_____	_____
Driving qualifications held	_____	_____	_____	_____

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

Vehicle 1	_____	_____	_____	_____
Vehicle 2	_____	_____	_____	_____
Vehicle 3	_____	_____	_____	_____
Vehicle 4	_____	_____	_____	_____

Motoring convictions, fixed penalties in last 5 years, or pending Prosecutions?	_____	_____	_____	_____
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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.	_____	_____	_____	_____
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Any medical conditions notifiable to DVLA – (If YES, please give details in Section 7 under 'Further Details')

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"/>
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Any non motoring convictions not yet spent – (If YES, please give details in Section 7 under 'Further Details')

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"/>
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Been declared bankrupt or insolvent in a personal or business capacity?

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"/>
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Been the subject of a court judgment in respect of debt in a personal or business capacity?

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"/>
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SECTION 6 – SUPPLEMENTARY DRIVER DETAILS

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

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(s) at the residential address and the place the vehicle(s) will usually be kept at overnight e.g. NACOSS, linked to police. Does the garage(s) 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 for the vehicle(s) e.g. entry controlled car park (how is entry controlled), CCTV, security guard

Any other information relevant to the risk?

IMPORTANT INFORMATION

Fair Processing (How we use information)

To find out how the data provided will be used, you can find a copy of our full 'Fair Processing Notice' at www.homeandlegacy.co.uk.

Declaration

When you send us this application you are confirming that you have permission from your client for their information to be sent to us and have told them how we will use it.

You are also declaring that the information supplied is accurate and complete and that to the best of your knowledge no relevant information has been withheld or omitted. You accept and understand that providing false information is fraud and can have the following consequences: non-payment of claims, policy cancellation, difficulty in obtaining insurance in the future or significant extra cost in doing so.

If there is anything that you do not understand please contact Home & Legacy.

Signature: _____

Name: _____

Date: _____

WWW.HOMEANDLEGACY.CO.UK

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