

Broker Network Zurich Private Clients Motor Quotation Request



ZURICH

Fax no: 01423 877866 Tel no: 01423 877807 /847

From	<input type="text"/>	Broker	<input type="text"/>	Date	<input type="text"/>
Tel no	<input type="text"/>	Fax no	<input type="text"/>	Email	<input type="text"/>
Date Quotation Required:		<input type="text"/>			

Client Details

Client(s) name <input type="text"/>	Correspondence Address <input type="text"/>
Date of birth <input type="text"/>	<input type="text"/>
Occupation <input type="text"/>	
Nature of employer's business (or own, if self employed) <input type="text"/>	Renewal Date <input type="text"/>
Do you hold any other insurance's <input type="text"/>	
Does Zurich hold any other business <input type="text"/>	
Length of client relationship <input type="text"/>	Do you hold this case? Yes or No Yes <input type="checkbox"/> No <input type="checkbox"/>

Car details	Car 1	Car 2	Car 3	Car 4
Registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Make of car	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Model	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of Make	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine Size	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated present value £	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Purchase date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Is car right hand drive?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any modifications, alterations or not UK specification?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Where is the car kept overnight? (eg garage/ road/ behind electric gates/ u/g parking)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode where car is kept overnight	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual mileage (000's)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alarm/immobiliser or tracking device fitted? (Please give details)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driving restrictions (Insured & Spouse, Named Drivers etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Who will drive? (Please use driver numbers stated overleaf)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Main User	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No claim discount – years earned	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you require no claims discount protection?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class of use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Keeper	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Insurer				
Current Excess £				
Renewal Premium £				

Classic car details

Registration number	Current mileometer reading	Annual mileage required	General condition (please tick)			
			Excellent	Good	Average	Poor
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drivers

Please give details below of yourself and anyone who is likely to drive the cars:

Name	Date of Birth	Occupation & Employers Business	Claims Yes or No (Please give details below)	Convictions Yes or No (Please give details below)	Licence Type	Date Obtained
1. Head of household						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

* Licence Types: F = Full UK Licence, P – Provisional UK Licence, Eu = European

Please state total number of cars in your household – including company cars

In respect of any person who may drive, has any insurer:

- a) increased the premium or imposed special conditions? Yes No
- b) refused to issue a policy, cancelled cover, or refused to renew your policy cover? Yes No

If you have ticked either of the shaded boxes, please give full details below.

PLEASE USE THE ADDITIONAL INFORMATION FIELD TO PROVIDE DETAILS OF PREVIOUS DRIVING EXPERIENCE IN TERMS OF VEHICLE TYPES DRIVEN BY ALL RELEVANT DRIVERS

Breakdown cover

Extended breakdown cover (applies to all cars insured for Comprehensive) Yes No

Additional Information

