

EMAIL TO: FLEETNB@THBGROUP.COM

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HGV QUOTATION REQUEST

FROM _____ **AT** _____
FAX NUMBER _____ **ACCOUNT REF** _____

PLEASE COMPLETE FORM FULLY BEFORE SUBMITTING TO THB

INCEPTION/RENEWAL DATE						
NAME						
ADDRESS (INC POSTCODE)						
BUSINESS DESCRIPTION						
<u>USE</u>						
HAZARDOUS GOODS		OWN GOODS		HIRE AND REWARD		
IF YES, NATURE OF GOODS CARRIED? ROUND TRIP MILEAGE? WHERE TO/FROM?						
<u>VEHICLE SCHEDULE</u>						
MAKE & MODEL	G.V.W	VEHICLE VALUE £	YEAR	COVER	CURRENT INSURER	NCD (IN YEARS)

DRIVERS

OUR QUOTATION WILL BE BASED ON THE EXCLUSION OF DRIVERS UNDER 25, OVER 65, OR WITH LESS THAN 2 YRS FULL RELEVANT UK LICENCE WHO ARE CLAIM/CONVICTION/DISABILITY FREE

PLEASE PROVIDE DETAILS BELOW OF DRIVERS FALLING OUTSIDE THIS WARRANTY

DRIVER NAME	
CONVICTIONS IN LAST 5 YEARS (OTHER THAN 1 MINOR CONVICTION)	<ul style="list-style-type: none">• CONVICTION CODE• CONVICTION DATE• FINE & NUMBER OF POINTS• LENGTH OF BAN• CIRCUMSTANCES IRO SERIOUS OFFENCES
ACCIDENTS/CLAIMS	<ul style="list-style-type: none">• DATE• COSTS• CIRCUMSTANCES
DISABILITIES	<ul style="list-style-type: none">• DRIVER'S AGE• NATURE OF DISABILITY• MEDICATION TAKEN• HAVE DVLA RESTRICTED THEIR LICENCE?
DRIVER OUTSIDE AGE WARRANTY	<ul style="list-style-type: none">• DOB• OCCUPATION• TYPE OF LICENCE• DATE TEST PASSED• WHICH VEHICLE (IF MORE THAN ONE ON SCHEDULE)• ARE THEY THE MAIN USER?
ADDITIONAL INFORMATION	

IMPORTANT

PLEASE ALSO INCLUDE ANY ADDITIONAL INFORMATION RELEVANT TO THE RATING OF THIS RISK.

EXAMPLE:-

- IF A NEW VENTURE, PROVIDE DETAILS OF PROPOSER'S PREVIOUS DRIVING HISTORY
- SPECIFICATION OF MODIFIED OR ADAPTED VEHICLES
- DISCLOSURE OF COVER HAVING BEEN PREVIOUSLY REFUSED/CANCELLED
- IF AIRSIDE COVER IS REQUIRED, DETAILS REQUIRED OF WHY, WHERE, & FREQUENCY