

Minibus Quotation Form

Agency:	Agency No: UK	Agency Ref:	Quote Ref:
Renewal/Inception Date:		Existing Insurers Premium: £	
Full Name of Proposer:			
Correspondence Address including full Postcode:			
Contact Name:			
Telephone Number:			
Has any driver had any:			
(a) Accidents/Claims/Losses within the last 3 years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Motoring convictions/fixed penalty offences which are current on their licence?			Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Physical or mental impairment or infirmity or suffered from diabetes, fits or heart complaint?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If "Yes" to any of the above please provide full details. Use separate sheet if required.</i>			
Type of Organisation:			
Use of Vehicle: <i>Please include details if used by other organisations. Use separate sheet if required.</i>			
Does the vehicle operate under the terms of a permit used within Section 19 of the Transport Act 1985: <i>Please note we do not accept organisations with a Section 22 permit.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Driving Restriction Required:	1 Named driver only <input type="checkbox"/>	Any driver over 25 & under 70 <input type="checkbox"/>	Named drivers only <input type="checkbox"/>
	2 named drivers over 25 & under 70 <input type="checkbox"/>		Any driver over 30 & under 70 <input type="checkbox"/>
2 named drivers over 30 & under 70 <input type="checkbox"/>			
Name & Date of Birth of each named driver if applicable: <i>Use a separate sheet if required.</i>			
Age of Main Driver:		Age of Youngest Driver:	
Garaged Address (<i>If different to correspondence</i>) including full Postcode:			
Cover Required: COMP <input type="checkbox"/> TPFT <input type="checkbox"/>		Registration Number:	
Engine Size: cc	Year of Manufacture:	Value of Vehicle: £	
Number of seats:		Any Modifications:	
Full Vehicle Make/Model:			
Voluntary Excess Required (<i>comprehensive cover only</i>): <i>In addition to any compulsory excess already applicable.</i>		£50 <input type="checkbox"/>	£100 <input type="checkbox"/>
		£150 <input type="checkbox"/>	£200 <input type="checkbox"/>
		£250 <input type="checkbox"/>	
Does the insured have any other Policies Insured with Ansvar: <i>If so please provide appropriate policy numbers. Use a separate sheet if required.</i>			
Number of Years No Claim Discount applicable:		0 <input type="checkbox"/>	1 <input type="checkbox"/>
		2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	5+ <input type="checkbox"/>
Does the client wish to protect their No Claim Discount? <i>Only available with 4 or more years No Claim Discount.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>

Ansvar Insurance Co Ltd, Ansvar House, 31 St Leonards Rd, Eastbourne, BN21 3UR. Tel: 01323 737541, Fax 01323 419800

Registered Office: Beaufort House, Brunswick Road, Gloucester, GL1 1JZ Registered No: 661060 England
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