



Mayfair Insurance & Mortgage Consultants Ltd.  
Mayfair House  
11, Lurke Street, Bedford.  
Bedfordshire. MK40 3HZ  
Tel: 01234 242900 Fax: 01234 357451

Commercial Insurance Direct: Quote Form

Full Name:  DOB:

Address:

Daytime Phone:

Work Phone:

Mobile:

E-Mail Address:

If you only need information: about this type of insurance and do not want to fill out this entire form please fill out the next box and tell us what information you require. Then either Fax or Post this section of the form back to us, using the contact details above.

Information Required:

Vehicle Details:

Category:  Vehicle:

Make:  Model:

G.V.W:  Capacity:

Engine Size:  Registration:

Fuel:  Transmission:

# Doors:  # Seats:

Year:  Body Type:

Value:  Type (XR31, GLX):

Container(s):  Yes  No

Trailers:  Yes  No

Winch/Hoist: Yes No  
Windscreen Cover: Yes No

Radius:

### Alarm Details:

Alarm Fitted: Yes No

Model Fitted:

Fitted By:

Immobiliser: Yes No

Model Fitted:

Fitted By:

Tracking Dev: Yes No

Model Fitted:

Fitted By:

Parking:

Reg Owner:

Other... :

Reg Keeper:

Other... :

Who will Drive:

Age of Youngest Driver:

Policy Length:

Is Policy to be in Company Name: Yes No

### Proposer Details:

Sex: M F

DOB:

Driving Status:

Occupation:

Business:

Status:

Employed:

### Personal Details:

Marital status:

Length of residency:

Country of origin:

Licence type:

Length Licence held:

Country Issued:

**Vehicle Usage:**

All Policies have Social, Domestic and Pleasure use:

Type of Use:

Private Mileage:

Business Mileage:

Home Owner:    Yes    No

Renewal Date:

Contents Sum Insured:

Smoker:    Yes    No

Buildings Sum Insured:

Drinker:    Yes    No

Do you have use of any other vehicle:    Yes    No

Whose car do you use:                      Other:

Renewal Date:

Have you suffered any loss during the past 5 years regardless of blame, this includes lost by Theft, Accident, Fire, Malicious or Accidental.    Yes    No

How many accidents have you been involved in?:

Date of loss:                                      Type:

Damage to your vehicle:

Damage to third party (if applicable):

Did your insurers recover all their costs:    Yes    No

Was your no claims discount affected:    Yes    No

Whose policy was the claim under:

Other... :

Your fault:    Yes    No

Description:

Do you have motoring convictions in the past 11 years:    Yes    No

How many offences have occurred:

Date of Offence:

Date of Conviction:

Fine:

Points:

Length of Ban:

Do you have any disabilities or Medical Infirmities:    Yes    No

Type of Infirmities:

Other... :

Have DVLA been notified:    Yes    No

Has your driving licence been restricted:    Yes    No

How long have you had your infirmity:

Has your vehicle been adapted:    Yes    No

### Cover Details:

Cover Type:

Years NCB:

Type of NCB:

Protected NCB:    Yes    No

Parking Post Code:

Renewal Date: