



Mayfair Insurance & Mortgage Consultants Ltd  
Mayfair House.  
11 Lurke Street, Bedford,  
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Telephone: 01234 242900 Fax: 01234 357451

### Performance Bike Direct: Motorcycle Quote Form

In order for us to process this form successfully, please fill in exact details. Also include a valid email address. Once you have completed this form, either Fax or Post it back to us, using the contact details above.

Full Name: \_\_\_\_\_ DD MM YY  
D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_ 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. Once you have completed this form, either Fax or Post it back to us, using the contact details above.

Information required:

### Vehicle:

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Engine Size: \_\_\_\_\_ Registration: \_\_\_\_\_  
Fuel: \_\_\_\_\_ Transmission: \_\_\_\_\_  
Year: \_\_\_\_\_ Type(Fireblade) \_\_\_\_\_

Value: Alarm Fitted: Yes No

Model Fitted: Fitted By:

Immobiliser: Yes No Model Fitted:

Fitted By:

Parking: Registered Owner:

Who will ride: Other, Please state:

Age of youngest rider:

Length of Policy:

### Proposer Details:

Sex: D.O.B.: DD MM YY

Riding Status:

Occupation: Business:

Status: Employed:

### Personal Details:

Marital Status: Length of residency:

Country of origin: Licence type:

Length licence held: CBT obtained: DD MM YY

Country Issued:

### Vehicle Issued:

All policies have Social, Domestic and Pleasure use, to and from one permanent place of work. Yes No

Extended use: Yes No Personal business use: Yes No

Employers business use: Yes No

Carriage of Goods: Yes No

Side Car: Yes No

Pillions: Yes No

Turbo/Superchip: Yes No

Private  
Mileage:

Business Mileage:

Home  
Owner: Yes No

Renewal Date:

Contents sum  
insured:

Buildings sum  
insured:

Smoker Yes No

Drinker Yes No

Do you have use of any other vehicles: Yes No

Whose motor vehicle do you use:

Other:

Renewal  
date:

Have you suffered any loss during the past 5 years regardless of blame. This includes Loss by theft, Accident, Fire, Malicious, Accidental. Yes No

How many accidents have you been involved in:

Date of loss:

Type:

Damage to your vehicle:

Damage to third party

Did your insurers recover all losses: Yes No

Was your No Claims bonus affected: Yes No

Whose policy was this 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 Infirmity:

Other Infirmity:

Have DVLA been notified:    Yes    No

Has your riding licence been restricted:    Yes    No

How long have you had the infirmity:

Has your vehicle been adapted:    Yes    No

Cover Details:

Cover:

Years NCB:

Type of NCB:

Protected NCB:    Yes    No

Parking Post Code:

Renewal Date: