



Mayfair Insurance & Mortgage Consultants Ltd
 Mayfair House.
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 Bedfordshire, MK40 3HZ

Telephone: 01234 242900 Fax: 01234 357451

Performance Insurance: Porsche Quotation 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.

Day Month Year

Full Name:

D.O.B.:

Address:

Town/City:

County:

Postcode:

Daytime Phone:

Work Phone:

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:

Veh. Reg:

Fuel Type:

Transmission:

of Doors:

of Seats:

Year:

Body: Type: (XR31, GLX)

Value:

Vehicle Alarm Details:

Alarm Fitted: Yes No Alarm Model:

Other, Please state:

Fitted by: Other, Please state:

Vehicle Immobiliser Details:

Immobiliser: Yes No Immobiliser Model:

Other, Please state:

Fitted by: Other, Please state:

Vehicle Tracking Device Details:

Tracking Device: Yes No Model Fitted:

Other, Please state:

Fitted by: Other, Please state:

Parking: Who will drive?:

Registered Owner: Other, Please state:

Registered Keeper: Other, Please state:

Age of youngest driver: Length of Policy:

Proposer Details:

Day Month Year

D.O.B.

Sex: Male Female

Driving Status:

Occupation:

Business:

Status:

Employed:

Personal Details:

Marital Status:

Length of Residency:

Licence Type:

months

years

Country of Origin:

length licence held:

Country Issued:

Vehicle Usage:

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

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 vehicle:

Yes

No

Whose car do you use:

Other please state:

Renewal Date:

Have you suffered any loss during the past 5 years regardless of blame, this includes lost 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 (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:

How many Points:

Length of Ban:

Do you have any disabilities or medical infirmities: Yes No

Type of Infirmities:

Other, Please state:

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:

Years NCB:

Protected NCB: Yes No

Type of NCB:

Parking Postcode:

Renewal Date:

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An independent intermediary for a number of insurers under the ABI code of practice.