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Taxi Insurance Direct: Taxi Quotation Form

In order for us to process this form successfully, please fill in exact details. Also include a valid email address.

Day Month Year

Full Name:

D.O.B.:

Address:

Town/City:

County:

Postcode:

Daytime Phone:

Work Phone:

Mobile
Number:

E-Mail Address:

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: Postcode of Base:

Who will drive?:

Registered Owner: Other, Please state:

Registered Keeper: Other, Please state:

Age of youngest driver: Length of Policy:

Proposer Details:

Sex: Male Female D.O.B. Day Month Year

Driving Status: Occupation:

Status: Employed:

Personal Details:

Marital Status: Length of Residency:

Licence Type: months years

Country of Origin: length licence held:

Country Issued:

Vehicle Usage:

Length badge Held:

All Policies have Social, Domestic and Pleasure use.

Private Hire Yes No Public Hire 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:

By submitting this form you agree that the details you have given are accurate to the best of your knowledge. By submitting false information you may be liable for prosecution under UK Law.