Pennant Insurance Services

Fleet

Inception Date:	

Proposer Details:

Title:		**Correspondence Address:**
Forename:		
Surname:		
Phone:		
Email:		
Website:		

Company Details:

Company Status (Circle as appropriate)	Partnership / Limited / Sole Proprietor / Club / Individual Trading as / Charity /Company Trading as / Limited Partnership / Public Limited / Religious Organisation / Society / Company Trading as/ Residents Association
Trading Name (List all Partner names if Partnership): Trading as (If Applicable):	
Trading as (if applicable)	
Business Address: (If different to correspondence address)	

Date Business Established:		**Type of Goods Carried:**			
Years Experience in the Trade:		**Do you visit Hazardous Sites?**		Yes / No	
Primary Trade / Occupation		**Operating area (%)**	**UK**	**Europe**	**ROW**
Secondary Trade / Occupation:			%	%	%
Time Trading at Current Address:		**Operating Radius within the UK:**		Miles	
Estimated Annual Turnover:	£	**Any other info?**			
Details of Regular Contract Work:		**Percentage (%) of multi-drop work**		%	
		Multi-drop Description:			
Road Cover Required (circle as appropriate)		Comprehensive / TPF&T			

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Driver Information

Number of drivers in in the following age groups:

17-24 Years	
25-65 Years	
65+ Years	

Use of Agency / Temp Drivers?	**If Yes, How many p/year & estimated payments p/year?**	**How Many?**	**Payment?**

Driving Restriction (Please Circle)	Any Driver	21+	25+	30+	Named Only

Driver Checks:

Confirm you take copies of ALL Drivers Licences.	
How often are licences checked?	
Do you check for previous claim and convictions for drivers?	
Do you assess a drivers driving ability prior to employment?	
Is there a company handbook issued to employees?	
Is there an interview with a manager after an accident?	
And Driver Penalty/Incentive schemes?	

Named Drivers:

(Please name any driver under 25 years of age, or ALL drivers if policy is a "Named Driver" policy.

Driver Name	Age	Years Driving	No Claims Discount?	Length of Employment	Any restrictions Required?

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Driver Claims: (Please only include claims in the last 5 years excluding Windscreen claims)

Driver Name	Age	Years Driving	Date of Claim	Claim Type	Fault / Non-Fault	Settlement Amount	Personal or Work Vehicle

Driver Convictions:

Driver Name	Age	Years Driving	Conviction Date	Conviction Code	Points	Fine	Ban (Months)

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Vehicle Details

Additional Security – If any of the vehicles have additional security fitted beyond the manufacture stand, please list the registrations and security device fitted

Make / Model	Reg	GVW	Cc	Seats	Year	Value	Postcode Where Kept	Est Annual Mileage

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Fleet Claims History

Claims:

Please give details of any claims in the last 3 years:

Period 1	
Start Date:	
End Date:	
Vehicle Years	
Number of Claims	
Number of Windscreen Claims	
Total Claim Payments	

Period 2	
Start Date:	
End Date:	
Vehicle Years	
Number of Claims	
Number of Windscreen Claims	
Total Claim Payments	

Period 3	
Start Date:	
End Date:	
Vehicle Years	
Number of Claims	
Number of Windscreen Claims	
Total Claim Payments	

Please provide full details of any individual claims that exceeded £10,000 below:

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Additional Information

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Please confirm the following:

THE PROPOSER(S) / DIRECTOR or PARTNER IN THE BUSINESS:	**I Agree**
Has never been convicted, charged (but not yet tried) or been given an official police caution in respect of any criminal offence (other than a Road Traffic motoring offence).	
Has never been Declared Bankrupt (other than a bankruptcy that has been discharged) or insolvent.	
Are not subject to any current bankruptcy or insolvency proceedings	
Have no outstanding County Court Judgements(s) or Sheriff Court Decree (s)	
Have never been prosecuted or received notice of intended prosecution under the Consumer Protection Act, Food Safety Act, Health & Safety Act or welfare or environmental protection legislation.	
Have never had an Insurance application refused, an Insurance application cancelled or renewal refused, any increased or special terms applied to any business insurance.	

By signing below, you agree that all the information provided is true and accurate to the best of your knowledge and no attempt has been made to provide false information in order to influence the price of your quotation. You also agree that no action can be taken against Pennant Insurance Services in the event the information disclosed is not accurate or correct.

If your circumstances change after a quotation has been offered, it is important that you provide us with these changes as it may affect your quotation premium.
You MUST also notify us of any changes to your circumstances once a policy has gone on cover. Failure to do so may result in your insurance becoming invalid.

Name:	**Date**
Signature:	